

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

17582

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township St Joseph

Primary Registration District No. 1001

City St Joseph (No. State Hospital # 2)

File No. \_\_\_\_\_

Registered No. 619

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence. No. State Hospitals # 2 Ward \_\_\_\_\_

(Usual place of abode)

(if nonresident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Unknown 186

7. AGE

79

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.

Unknown

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Germany

10. NAME OF FATHER

unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

14.

INFORMANT

(Address)

FILED

State Hospital Recd  
St Joseph Mo

JUN 14 1927

John G. [Signature]  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 13 1927

17. I HEREBY CERTIFY that I attended deceased from May 1, 1926 to June 12, 1927 that I last saw him alive on July 11, 1927, and that death occurred, on the date stated above, at St Joseph Mo.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

97-13  
Pulmonary edema  
111-13  
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Mitral Insufficiency  
unknown (duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED  
9000  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF none  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical  
(Signed) E N Coan, M. D.

6/12 1927 (Address) St Joseph Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL State Hospital # 2 DATE OF BURIAL 6/14 1927

20. UNDERTAKER Heerman-Jaris ADDRESS 1208 Francis

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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25 1027

