JUL 25 1927 - 20

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

85

Do not use this space.

17584

File No. .....

Registered No. 621

1. PLACE OF DEATH

County: Buchanan — Registration District No. 1001

Township: ..... — Primary Registration District No. .....

City: St. Joseph (No. State Hospital #2 St. ..... Ward)

2. FULL NAME Mary Dean

(a) Residence. No. State Hospital #2 St., ... Ward. Rock Port, Missouri
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 6 mos. 27 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 24, 1866

7. AGE: Years about 60 — Months 7 — Days 20 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Nil
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Dallas County, (STATE OR COUNTRY) Iowa

PARENTS

10. NAME OF FATHER J. M. Bilderback

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) "

12. MAIDEN NAME OF MOTHER Jane McClelland

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Illinois

14. INFORMANT Records
(Address) State Hospital #2

15. FILED JUL 15 1927 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 14 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1926, to June 14, 1927, that I last saw her alive on June 14, 1927, and that death occurred, on the date stated above, at 6.50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis (Chronic)

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 908

(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no. DATE OF.

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) J. R. Burch, M. D.

6/14/1927 (Address) State Hospital #2

*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: Westboro, Missouri — DATE OF BURIAL: June 16, 1927

20. UNDERTAKER: Fleeman-Faris — 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.