

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

Do not use this space.

32757

**1. PLACE OF DEATH**

County Burhanon  
Township WASHINGTON  
City St. Joseph

Registration District No. 85  
Primary Registration District No. 1001  
**STATE HOSPITAL #2**

File No. ....  
Registered No. 1140  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. State Hospital #2 St. .... Ward. ....

Length of residence in city or town where death occurred — yrs. — mos. 10 da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF About

6. DATE OF BIRTH (MONTH, DAY AND YEAR) UNKNOWN 1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hr. or _____ min.
<u>73</u>	<u>Unknown</u>	<u>Unknown</u>	<u>Unknown</u>	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

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 Lizzie Smith  
Address 1000 Fairford Ave

15. FILED 10 1927  
John G. W.  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 9. 1927

17. I HEREBY CERTIFY That I attended deceased from Oct. 31. 1927, to Nov. 9. 1927, that I last saw her alive on Nov 9. 1927, and that death occurred, on the date stated above, at 8 P.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Coronary Arteriosclerosis  
9/13 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 9/13 (duration) yrs. mos. da.

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

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical  
(Signed) J. R. Bunch, M. D.  
11/9/27 (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 FAIRFAX, MISSOURI DATE OF BURIAL NOV. 10. 1927

20. UNDERTAKER E. R. SIDENFADEN ADDRESS 602 S. 10th

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.

PERMANENT RECORD

1928

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