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

Do not use this space.

36056

File No. .....

Registered No. 1299

Registration District No. 85

Primary Registration District No. 1001

1928 N 17

1. PLACE OF DEATH
County: Buchanan
Township: .....
City: St Joseph (No. Mo Methodist Hosp St. ..... Ward)

2. FULL NAME: Mattie Hester

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

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

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Smith Hester

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 28 1859

7. AGE: Years 68 | Months 10 | Days ~~18~~ 20 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Winston-Salem
(STATE OR COUNTRY): N Carolina

PARENTS

10. NAME OF FATHER: James Crim

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Winston-Salem
(STATE OR COUNTRY): N Carolina

12. MAIDEN NAME OF MOTHER: Johanna Huser

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): N Carolina

14. INFORMANT: J. S. Crim
(Address): Winston-Salem N. Carolina

15. FILED DEC 19 1927 John G. Ut Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 18 1927

17. I HEREBY CERTIFY, That I attended deceased from 12/1, 1927, to 12/18, 1927, that I last saw her alive on 12/17, 1927, and that death occurred, on the date stated above, at 3:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

46 C Carcinoma of Sigmoid
1228

Pulmonary (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Intestinal Obstruction
(duration) ..... yrs. ..... mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED: Maitland Mo.
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? yes DATE OF 12/1/27
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Floyd St. Jerome M. D.
12/18, 1927 (Address) Gravelly

*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: Skidmore Mo

DATE OF BURIAL: 12/19, 1927

20. UNDERTAKER: Fleeman Funeral Home

ADDRESS: 1208 Francis