23 1928

195

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 7839
Township — Primary Registration District No. 1001 — Registered No. 574
City St. Joseph (No. State Hospital No. 2. St. Ward)

2. FULL NAME Mabel Funderburk
(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 13 yrs. 4 mos. 18 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown about 1888

7. AGE: 40 Years, Months, Days — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: None

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT (ADDRESS): State Hosp. Record, St. Joseph, Mo.

15. FILED MAR 5 1928 19 John G. Utz REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 2nd 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb. 25th, 1928 to March 2, 1928 that I last saw her alive on March 2, 1928, and that death occurred, on the date stated above, at 7.50 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
936
95 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Epilepsy
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
9 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
3 (Signed) Leonard Galton, M.D.
1/5, 1928 (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: American School of Osteophy Kirksville, Missouri.
DATE OF BURIAL: Mar. 5. 1928

20. UNDERTAKER: H. O. Sidenfaden
ADDRESS: 1802 Union Str

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.