260

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

Do not use this space.

16228

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 16228

Township — Primary Registration District No. 1001 — Registered No. 620

City St. Joseph (No. State Hospital for Insane No. 2 St. ..... Ward)

2. FULL NAME Jennie Flint

(a) Residence. No. State Hosp #2 St. Joseph Mo Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Year 1861

7. AGE: Years 67 — Months Unk — Days Unk — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At Home

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

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Bates Co. (STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: C. J. Crawford

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

12. MAIDEN NAME OF MOTHER: Eliza Atherton

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

14. INFORMANT: Mrs L. W. Richardson (Address) 5836 E. 10th St. Kansas City Mo

15. FILED MAY 15 1928, 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): May 10 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr 25, 1928, to May 10, 1928 that I last saw her alive on May 10, 1928, and that death occurred, on the date stated above, at 8:00 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senile Dementia

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Fracture hip from fall on floor

(duration) yrs. mos. 18 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) R. D. Curtis, M.D.

May 10, 1928 (Address) State Hosp #2 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: Archie, Missouri — DATE OF BURIAL: May 13 1928

20. UNDERTAKER: Heaton Bigole & Bowman by J. W. Karle — ADDRESS: 319 S. 10 St. Funeral Home

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.