

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.

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

Do not use this space.

16266

1. PLACE OF DEATH

County Johnson
Towship Highway
City Highway (No.)

Registration District No. 85
Primary Registration District No. 1001

File No.
Registered No. 667
St. Ward

2. FULL NAME

(a) Residence. No. State Hospital #2, Highway Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 11 mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1858 Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 70 Unknown

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) —

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT State Hospital #2, Highway (Address) Highway, Mo.

15. FILED 5/22 20 John G. At REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 19 1928

17. I HEREBY CERTIFY That I attended deceased from May 19 1928, to May 19 1928 that I last saw her alive on May 19 1928, and that death occurred, on the date stated above, at 5:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senile Exhaustion
162 / 64 (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) Senile Dementia (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF:

WAS THERE AN AUTOPSY? —

WHAT TEST CONFIRMED DIAGNOSIS? Taken (Signed) J. A. ... M. D.

(Address) State Hospital #2, Highway

*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 DATE OF BURIAL

State Hosp Cemetery May 22 1928

20. UNDERTAKER ADDRESS Fred A. Clark 225 N. Hwy.

