SEP 24 1928

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.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 26542
Township — Primary Registration District No. 1001 — Registered No. 1026
City St. Joseph, (No. 3321 Mitchell Avenue, St. Ward)

2. FULL NAME Adolphine Marechal,
(a) Residence. No. 3321 Mitchell Ave. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U.S., if of foreign birth? 54 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 August Marechal,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 8, 1835

7. AGE: Years 92 — Months 10 — Days 20 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home, 93C
(b) General nature of industry, business, or establishment in which employed (or employer) Retired, 97
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Chiry,
(STATE OR COUNTRY) France,

PARENTS
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) Unknown,

14. INFORMANT E. A. Marechal
(Address) 1201 North 26th. Street,

15. FILED AUG 29 1928, 19 John S. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 28 1928

17. I HEREBY CERTIFY, That I attended deceased from Many Years, 19, to August 28, 1928 that I last saw her alive on August 25th, 1928, and that death occurred, on the date stated above, at 4:40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio sclerosis with myocarditis
90B
(duration) Many yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) None
(duration) yrs. mos. 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? None
(Signed) Daniel Morton, M. D
Aug 29, 1928 (Address) St Joseph Missouri

*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: Mount Mora Cemetery — DATE OF BURIAL: Aug 30 th 19 28

20. UNDERTAKER: Heaton - McGale & Bowman — ADDRESS: 319 S. 10 St.
by [illegible] Kasle — Funeral Home