

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.

32769

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township St Joseph Primary Registration District No. 100
City St Joseph (No. Sisters Hospital)

File No. _____
Registered No. 1164 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St., _____ Ward. Lathrop Mo
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 12 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
41 | 3 | 6 | _____

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) No
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denver

10. NAME OF FATHER Ed Braddock

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

12. MAIDEN NAME OF MOTHER _____

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

14. INFORMANT Jesse Qualls (Address) Lathrop Mo

15. FILED John E. Galt REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 7th 1928

17. I HEREBY CERTIFY That I attended deceased from Oct 4, 1928 to Oct 6, 1928 that I last saw her alive on Oct 6, 1928, and that death occurred, on the date stated above, at 1:10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Periparturient Peritonitis
140
Probably
accidental (duration) yrs. 1 mos. ds.
CONTRIBUTORY Abortion (SECONDARY) cause
unknown (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Lathrop Mo
IF NOT AT PLACE OF DEATH, _____

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Oct 4-28

WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? John E. Galt
(Signed) John E. Galt M. D.
18, 1928 (Address) 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 Lathrop Mo DATE OF BURIAL 10/19 1928

20. UNDERTAKER J. L. ... ADDRESS 210 So 1028

6-2754