

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.

32842

1. PLACE OF DEATH
 County..... Buchanan Registration District No. 85
 Township..... Primary Registration District No. 1051
 City..... St. Joseph, (No. 2631 State St.) Sl. 1239 (Ward)

2. FULL NAME Mayme R. Danforth
 (a) Residence. No. 2234 Circle Drive St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 47 yrs. 10 mos. 27 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF / (OR) WIFE OF S.G. Danforth				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 3, 1880				
7. AGE	YEARS 47	MONTHS 10	DAYS 27	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) St. Joseph, Mo. (STATE OR COUNTRY)				

PARENTS	10. NAME OF FATHER Chas. H. Burri	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) Iowa.	(STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER Amelia Seamann	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany	(STATE OR COUNTRY)

14. INFORMANT S.G. Danforth
 Address 2234 Circle Drive.
 15. FILED Nov 1 1928 REGISTRAR John J. [Signature]

MEDICAL CERTIFICATE OF DEATH	
16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 30, 1928	17. I HEREBY CERTIFY That I attended deceased from <u>Oct 28</u> , 19 <u>28</u> , to <u>Oct 30</u> , 19 <u>28</u> that I last saw her alive on <u>Oct 30</u> , 19 <u>28</u> , and that death occurred, on the date stated above, at <u>12.00 Noon</u> m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: <u>Pneumonia Aneurism</u> <u>714</u> <u>[Signature]</u> (duration) <u>4</u> yrs. <u>1</u> mos. <u>1</u> da.	
CONTRIBUTORY (SECONDARY) <u>None</u> (duration) yrs. mos. da.	
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? <input checked="" type="checkbox"/> <u>no.</u> DATE OF <input checked="" type="checkbox"/>	
DID AN OPERATION PRECEDE DEATH? <u>no.</u> DATE OF <input checked="" type="checkbox"/>	
WAS THERE AN AUTOPSY? <u>no.</u>	
WHAT TEST CONFIRMED DIAGNOSIS? <u>Clinical</u> (Signed) <u>Arthur A. [Signature]</u> , M. D. <u>Oct 31, 1928</u> (Address) <u>Kirkpatrick Bldg</u>	
*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 Memorial Park Cemetery	DATE OF BURIAL Nov. 1, 1928
20. UNDERTAKER <u>Walter Meinhoffer</u>	ADDRESS <u>1302 Faraon St.</u>

