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

Do not use this space.

353

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 114
City St. Joseph. (No. ..... St. ..... Ward)

2. FULL NAME Dorothy May Decker
(a) Residence. No. 6505 Grant St. St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White.	Single,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 8, 1926.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	3	0	19	

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

9. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Dean Decker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Joseph,
(STATE OR COUNTRY) Missouri.
12. MAIDEN NAME OF MOTHER Elsie Shipley.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Winnewood,
(STATE OR COUNTRY) Oklahoma.

14. INFORMANT Elsie L. Decker.
(Address) 6505 Grant St. St. Joseph, Mo.

15. FILED JAN 28 1929 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 27 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1929, to Jan 27, 1929, that I last saw her alive on Jan 27, 1929, and that death occurred, on the date stated above, at 9 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Edema of the Glottis
105 A
105 A (duration) ..... yrs. ..... mos. 5 or 6 hrs ds.

CONTRIBUTORY (SECONDARY) Phlegmonous Tonsillitis and Catarrhal Laryngitis
(duration) ..... yrs. ..... mos. 6½ 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 & Microscopical
(Signed) William A. Robertson, M. D
Jan 28, 1929 (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 I.O.O.F. Cemetery. Cemetery — DATE OF BURIAL Jan. 28, 1929

20. UNDERTAKER Fred D. Clark — ADDRESS 3026 King Hill Av

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1929 11 6 9