

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

Do not use this space.

5570

85

PLACE OF DEATH

County Dubuque

Registration District No. 1001

File No. 237

Township St. Joseph, Mo

Primary Registration District No. State Hospital #2

Registered No. 237

City St. Joseph, Mo

(No. State Hospital #2 St. Ward)

St. Ward

2. FULL NAME

(a) Residence. No. St. Joseph State Hosp St. Ward

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. 5 mos. 23 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

7

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

single

16. DATE OF DEATH (MONTH, DAY AND YEAR) 24<sup>th</sup> Feb - 1929

17. I HEREBY CERTIFY That I attended deceased from Feb 19<sup>th</sup> 1929 to Feb 24<sup>th</sup> 1929 (that I last saw h. a. alive on 20<sup>th</sup> Feb, 1929 and that death occurred, on the date stated above, at 5:30 A. m.

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

DATE OF BIRTH (MONTH, DAY AND YEAR) About 1875

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

54

Unknown

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

carcinoma of left breast

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

CONTRIBUTORY (SECONDARY)

47 (duration) yrs. 6 mos. da.

18. WHERE WAS DISEASE CONTRACTED

here

IF NOT AT PLACE OF DEATH

(1) DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) J. R. Burch, M. D.

24<sup>th</sup> Feb, 1929 (address) State Hosp #2, St. Joseph

\*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.

14.

INFORMANT Jackson County Clerk

Address

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

State Hospital #2

2-26 1929

15.

FILED John E. Galt REGISTRAR

20. UNDERTAKER

ADDRESS

Frederic J. Clark 5025 N.H. Ave

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.

21 1929

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FEB 25 1929

