

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

Do not use this space.

30174

1. PLACE OF DEATH

County Bucyrus
Township Washington
City St. Joseph, Mo.

Registration District No. 85

File No. _____
Registered No. 1127
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. State Hosp #2 St. Joseph, Mo. St. _____ Ward _____
(Usual place of abode)

Ridgeway, Mo.
(If nonresident give city, town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 9 ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female white

4. COLOR OR RACE

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

Widow

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

Not known

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

not known

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>77</u>	<u>?</u>	<u>?</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Inmate State Hosp.
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) not known

10. NAME OF FATHER

not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) not known

12. MAIDEN NAME OF MOTHER

not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) not known

14.

INFORMANT State Records
(Address) State Hosp #2 St. Joseph, Mo.

15.

FILED 26 1929
John G. W.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Sept 25, 1929

17. I HEREBY CERTIFY, That I attended deceased from July 16, 1929 to Sept 25, 1929
that I last saw h. _____ alive on Sept 25, 1929, and that death occurred, on the date stated above, at 10 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility
9/13/29
(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY arterio sclerosis
(SECONDARY)
(duration) 2 1/2 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. Harrison County Missouri

19. DID AN OPERATION PRECEDE DEATH. DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS. Clinical Findings

(Signed) G. L. Farmer, M. D.

Sept 25, 1929 (Address) State Hosp #2 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

DATE OF BURIAL

Ridgeway, Mo. Sept 26, 1929

20. UNDERTAKER

ADDRESS

E. G. Ridgeway 102 So 10

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.

7
22 1929
300
31
26 1929

