

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

Do not use this space.

301

1. PLACE OF DEATH

County Buchanan Registration District No. 86
 Township Washington Primary Registration District No. 5127
 City St. Joseph, Mo. No. R.F.D. # 4

File No.
 Registered No. 11
 St. Ward)

2. FULL NAME

(a) Residence. No. R.F.D. # 4 St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 8 18

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

9. BIRTHPLACE (CITY OR TOWN) Elhart
 (STATE OR COUNTRY) Indiana

10. NAME OF FATHER Henry Celary

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

12. MAIDEN NAME OF MOTHER Huldah Celary

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

14. INFORMANT Will Celary
 (Address) Iron, Kansas

15. Jan 24, 1930 J. J. Barshae
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 23, 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 1927, to Jan 23, 1930, that I last saw her alive on Jan 15, 1930, and that death occurred, on the date stated above, at 5:00 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic myocarditis

CONTRIBUTORY (SECONDARY) 90-16
 (duration) yrs. mos. 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

(Signed) J. P. Starnes, M. D.
1/24, 1930 (Address) 2624 St. Joseph ave

*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

Courter Cemetery Jan 25, 1930

20. UNDERTAKER ADDRESS

Fleeman Funeral Home 1946 Galbraith

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.

235
29
31

