

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.

1. PLACE OF DEATH

County Bureauham
Township St. Joseph
City St. Joseph (No. 112)

Registration District No. 1001
Primary Registration District No. St. Joseph Hospital

File No. 4086
Registered No. 153
St. 112 Ward

2. FULL NAME

(a) Residence State Hosp #2 St. Joseph, Mo. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 28 yrs. 2 mos. 2 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 married
5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF Edgar F. Alden

6. DATE OF BIRTH (MONTH, DAY AND YEAR) not known 1870

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

60

?

?

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)

St. Louis, 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

Address Hosp. Records

State Hosp #2 St. Joseph, Mo.

15. FILED

Feb 5

1930

John E. Galt
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 4, 1930

17. I HEREBY CERTIFY, That I attended deceased from May 8, 1929 to Feb. 4, 1930, and that I last saw him alive on Feb. 4, 1930, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
97
7/4/30
(duration) yrs. mos. 14 ds.
CONTRIBUTORY (SECONDARY) Arterio sclerosis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings

(Signed) George W. Forman, M. D.

Feb. 4, 1930 (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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Louis, Mo. Feb. 5, 1930

20. UNDERTAKER

ADDRESS

E. R. Odenfaden 602 So. 10

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