

APR 23 1930

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

Do not use this space.

7778

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township St. Joseph

Primary Registration District No. 1001

City St. Joseph No. Moyses Hospital

File No. 320

Registered No. 320

St. \_\_\_\_\_ Ward)

2. FULL NAME

Elma Fay Mace

(a) Residence. No. 123 Buffalo St. \_\_\_\_\_ Ward. \_\_\_\_\_

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 25 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 0 5 16

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) Blair (STATE OR COUNTRY) Kansas

10. NAME OF FATHER William H. Mace

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

12. MAIDEN NAME OF MOTHER Wesley Blakely

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Joseph (STATE OR COUNTRY) Mo.

14. INFORMANT William A. Mace (address) 123 Buffalo

15. FILED 12 1930 REGISTRAR [Signature]

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 11 1930

17. Viewed on

I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at Buchanan Mo.

THE CAUSE OF DEATH\* WAS AS FOLLOWS: Syphilitic Endocarditis

34 (duration) \_\_\_\_\_ yrs. 5 mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Chronic Eczema (duration) \_\_\_\_\_ yrs. 3 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) B. W. Tadlock Coroner, M. D. St Joseph Mo. 3/12, 1930 (Address)

\*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 Odd Fellows Cem DATE OF BURIAL March 12 1930

20. UNDERTAKER Fred B. Clark ADDRESS 220 King Hill

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.

