

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.

APR 23 1930

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

Do not use this space.

85

7829

1. PLACE OF DEATH

County Bureauhan

Registration District No. 1001

Township St. Joseph, Mo.

Primary Registration District No. St. Joseph Hospital #2

City St. Joseph, Mo.

File No. 376

Registered No. _____

St. _____

Ward _____

2. FULL NAME

(a) Residence No. St. Joseph #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 13 yrs. 9 mos. 21 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

not known

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

not known about 1855

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

77

?

?

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Missouri State Hospital

(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 Hosp. Records

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

15.

FILED 3/25, 1930

Dr. G. W. Finnan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

March 24 1930

17.

I HEREBY CERTIFY, That I attended deceased from March 24 1930, to March 24 1930, that I last saw her alive on March 24 1930, and that death occurred, on the date stated above, at 543 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

82A

97

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY)

Arterio Sclerosis

(duration) Several yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED

at place of death

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS Clinical Findings

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

March 24 1930 (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

Laclede Mo

Mar 25 1930

20. UNDERTAKER

ADDRESS

Fred D. Clark 5025 King Hill

