

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.

7830

1. PLACE OF DEATH

County Bureauham

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph, Mo.

No. State Hospital for Insane # 75 St. _____ Ward _____

File No. _____

377

Registered No. _____

2. FULL NAME

Mathew Francis Kish
(a) Residence, No. _____, _____ St., _____ Ward, Trenton, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 1 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 widow

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

William F. Kish

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

May 6th 1856

7. AGE

YEARS

MONTHS

DAYS

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

73

10

18

8. OCCUPATION OF DECEASED

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

(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
not known

10. NAME OF FATHER

William Fitzpatrick

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

not known
not known

12. MAIDEN NAME OF MOTHER

Martby Williams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

not known
not known

14.

INFORMANT

Address

FILED

Health Records
State Hosp # 75 St. Joseph, Mo.

John B. Utz
REGISTRAR

25 1930

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 24, 1930

17. I HEREBY CERTIFY, That I attended deceased from February 23, 1930, to March 24, 1930, that I last saw him alive on March 24, 1930, and that death occurred, on the date stated above, at 12:40 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility
97
162 (duration) years mos. ds.
CONTRIBUTORY Arterio Sclerosis (SECONDARY)
(duration) years mos. ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

910
Trenton, Missouri
DID AN OPERATION PRECEDE DEATH? No. DATE OF _____
WAS THERE AN AUTOPSY? No. Clinical findings
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) George W. Forman, M. D.

March 4, 1930 (Address) State Hosp # 75 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

Trenton, Mo. March 24, 1930

20. UNDERTAKER

ADDRESS

Heaton-Bellale Bowman 319 So. 10th

Trenton, Mo.

