

WRITE PLAINLY. WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 22 1930

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

Do not use this space.

11741

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph

(No. Noyes Baptist Hosp.)

File No.

Registered No. 452

St.

Ward

2. FULL NAME

Gertrude A. Traynor

(a) Residence, No. 513 So. 5th St. St. Ward.

Length of residence in city or town where death occurred 30 yrs. mos. ds.

(If nonresident, give city or town and State)

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)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Peter Traynor

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

About 1860

7. AGE

About 70

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

At Home.

(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)

Unknown Germany

10. NAME OF FATHER

Ludwig Andriano

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown Germany

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown Germany

14.

INFORMANT

Jas. Andriano

(Address)

St. Joseph, Mo.

15.

FILED

APR 12 1930

John G. W. REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 10, 1930 19

17.

I HEREBY CERTIFY, That I attended deceased from 19....., to....., 19....., that I last saw her alive on....., 19....., and that death occurred, on the date stated above, at 12.30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Thrombosis
Chronic Myocarditis

59
93C (duration) unknown ds.
94B Diabetes Mellitus - Acetosis
CONTRIBUTORY (SECONDARY) (duration) unknown mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

517
DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? 4/10

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Signs & Autopsy
(Signed) Clarence A. Glad, M. D.

4/10 1930 (Address) St. Joseph, Mo.
Joseph Andriano

*State the DISEASE CAUSING DEATH, even death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Mt. Mora Cemetery

DATE OF BURIAL

14, Apr. 12, 1930

20. UNDERTAKER

Walter Meierhoffer 1302

ADDRESS

Faron St.

