

MAY 22 1930

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township St Joseph
City St Joseph

Registration District No. 85
Primary Registration District No. 1001
(No. St Joseph Hosp)

File No. 11791
Registered No. 503
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____
(Usual place of abode)

M. Fall Mo
(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 7
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W E Elam
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 7 - 1871
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 58 5 15

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) Daviers Co
(STATE OR COUNTRY) Mo

10. NAME OF FATHER unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT W. E. Elam
(Address) M. Fall Mo

15. FILED 22 1930
John D. [unclear]
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-22 1930
17. I HEREBY CERTIFY, That I attended deceased from 3-16 1930 to 4-22 1930 that I last saw h. h alive on 4-21 1930, and that death occurred, on the date stated above, at 10 Q m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma Metastatic Lung.
47 E

(duration) yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY) Carcinoma Stomach
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 44 W
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____
WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Urin + Analysis
(Signed) D. J. [unclear] M. D.
4/22 1930 (Address) 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 M. Fall Mo
DATE OF BURIAL 4/24 1930

20. UNDERTAKER Ed Cronen Pattonburg Mo
ADDRESS

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.

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