

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

Do not use this space.

38637

**PLACE OF DEATH**

County Buchanan Registration District No. 85

Township \_\_\_\_\_ Primary Registration District No. 1001

City St. Joseph, Mo. (No. 412 Michel)

File No. \_\_\_\_\_

Registered No. 1376

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

**2. FULL NAME**

(a) Residence. No. 412 Michel St. \_\_\_\_\_ Ward. \_\_\_\_\_

(Usual place of abode)

(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)**

April 23, 1855

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

75

8

4

**8. OCCUPATION OF DECEASED**

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

Home

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

Wynn County, Ohio

(STATE OR COUNTRY)

**10. NAME OF FATHER**

Unknown

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

Unknown

(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

Unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

Ohio

(STATE OR COUNTRY)

**14. INFORMANT**

(Address)

J. K. Moller

**15. FILED**

19

St. Joseph, Mo.

John G. Webb

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Dec. 27, 1930

**17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1930, to \_\_\_\_\_, 1930**

that I last saw her alive on Nov 17, 1930, and that death occurred, on the date stated above, at Dec 27, 1930, 2:30 P.M.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Chronic Pericarditis

40 yrs

97 arteriosclerosis

Unknown (duration) yrs. mos. 40 ds.

**CONTRIBUTORY (SECONDARY)**

Arteriosclerosis

Unknown (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN ACCIDENT? no

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) Dr. J. K. Moller, M. D.

12/27, 1930 (Address 223 Kirkpatrick Bldg.)

\*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**

Oregon, Mo.

Dec 28, 1930

**20. UNDERTAKER**

**ADDRESS**

Fleeman Funeral Home 1946 Calhoun

N. E.—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.

DEC 18 1930

DEC 29 1930

