

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

Do not use this space.

4632

MAR 23 1931

**1. PLACE OF DEATH**

County Ruehman Registration District No. 85  
 Township St. Joseph Primary Registration District No. 1001  
 City St. Joseph (No. 218) Clayton

File No. \_\_\_\_\_  
 Registered No. 2155  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. 218 Clayton 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female  
 4. COLOR OR RACE W.C.P.  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 25 - 1850

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 5<sup>th</sup> 1931  
 17. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1931, to Feb. 3, 1931 that I last saw her alive on Feb. 5, 1931, and that death occurred, on the date stated above, at 11:20 a.m.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 9 10  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work None  
 (b) General nature of industry, business, or establishment in which employed (or employer) None  
 (c) Name of employer None

Bronchial Pneumonia  
107A  
 (duration) yrs. mos. 12 ds.  
 CONTRIBUTORY (SECONDARY) 1070  
 (duration) yrs. mos. ds.  
 18. WHERE WAS DISEASE CONTRACTED

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coal Springs West Va. 20  
 10. NAME OF FATHER Chas. Cross  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) West Va  
 12. MAIDEN NAME OF MOTHER Unknown  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown West Va

IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS none  
 (Signed) J. D. Sexton, M. D.  
2/6, 1931 (Address) St. Joseph Mo.

14. Mrs. Carime Lee INFORMANT (Address) 917 Patee  
 15. FILED 2/7, 1931 John R. Bender REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Mora Cemetery DATE OF BURIAL Feb. 7 - 1931  
 20. UNDERTAKER Ramsay Emerald Service ADDRESS 944 Olive

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.

