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

Do not use this space.

13259

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township Washington — Primary Registration District No. 1001 — Registered No. 426

City St. Joseph (No. State Hospital #2 St. Ward)

2. FULL NAME Mrs. Mary E. Verdier

(a) Residence. No. St. Joseph Mo. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 9 mos. 8 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): Widow Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. F. G. Verdier Not known

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown about 1849

7. AGE: 82 YEARS — MONTHS: Unknown — DAYS: — If LESS than 1 day, ... hrs. or ..... min.

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) Not known
(STATE OR COUNTRY) Not known

PARENTS

10. NAME OF FATHER Not known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known
(STATE OR COUNTRY) Not known
12. MAIDEN NAME OF MOTHER Not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known
(STATE OR COUNTRY) Not known

14. INFORMANT Hosp. Records
(Address) State Hosp #2 St. Joseph Mo.

15. FILED 4/8 3/19 John R. Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 16, 1931

17. I HEREBY CERTIFY, That I attended deceased from June 28, 1929, to April 16, 1931, that I last saw her alive on April 15, 1931, and that death occurred, on the date stated above, at 1 35 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchio-pneumonia
93C
107B
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH At place of death
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings
(Signed) George W. Forman, M. D.
April 16, 1931 (Address) State Hosp. #2 St. Joseph

*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: Fairview Cem — DATE OF BURIAL: April 19, 1931

20. UNDERTAKER: E. R. Sidenfaden — ADDRESS: 602 So. 10

MARGIN RESERVED FOR BINDING

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 21 1931

U. S. NO. 2.