

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 1921

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

Do not use this space.

1. PLACE OF DEATH

Country Washington
Township St. Joseph
City St. Joseph (No. 1312 North Second)

Registration District No. 35
Primary Registration District No. 1001

File No. 13306
Registered No. 474
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1312 North Second St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Adair

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1859

7. AGE YEARS 72 MONTHS Unknown DAYS Unknown If LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Missouri

13. NAME Unknown Hood

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

17. INFORMANT Ernest Virgil Gilton (ADDRESS) 1312 North Second St

18. BURIAL, CREMATION, OR REMOVAL Interment PLACE St. Joseph DATE May 21, 1921

19. UNDERTAKER E. J. Diden (ADDRESS) 602 1/2 S. 4th St

20. FILED 5-3-21 John R. Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 1921

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw her alive on _____, 19____. Death is said

to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset _____

Other contributory causes of importance: Chronic Indigestion

Name of operation None Date of _____

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. P. Padlock Coroner, M. D.

(Address) 821 Francis

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