

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

85

24278

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township Washington Primary Registration District No. 1001
 City St. Joseph, Mo. (No. State Hospital #2) St. _____ Ward _____

2. FULL NAME

(a) Residence. No. State Hospital #2 St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 3 yrs. 5 mos. 11 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sylvester Strong

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 13 - 1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	75	10	5	

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) Unknown
 (STATE OR COUNTRY) Unknown

PARENTS

10. NAME OF FATHER Unknown Adams
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) New York
 (STATE OR COUNTRY) N. Y.
 12. MAIDEN NAME OF MOTHER Benkironson
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
 (STATE OR COUNTRY) Ohio

14. INFORMANT State Hospital Records
 (Address) St. Joseph, Mo.

15. FILED 7-20, 1931 John R. Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 18 1931
 17. I HEREBY CERTIFY, That I attended deceased from July 18, 1931, to July 18, 1931, that I last saw h. alive on July 18, 1931, and that death occurred, on the date stated above, at 5:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
824
824
 (duration) yrs. mos. ds. 3
 CONTRIBUTORY (SECONDARY) Female Hemiplegia
 (duration) yrs. mos. ds. 4

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Clifton Smith, M. D.

July 18, 19 31 (Address) State Hospital No 2 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 St. Auburn Cemetery DATE OF BURIAL July 21, 1931

20. UNDERTAKER E. G. Sidenfaden ADDRESS 602 So. 10

AUG 24 1931

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

