

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

Do not use this space.

27523

**1. PLACE OF DEATH**

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph, Mo. (No. 107 E. Buffalo)

File No.

Registered No. 825

St. Ward

**2. FULL NAME**

(a) Residence, No. 107 E. Buffalo St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 33 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 26, 1863

7. AGE YEARS 67 MONTHS 11 DAYS 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Practical Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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

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

13. NAME William Roney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davis County Missouri

15. MAIDEN NAME Harriett Hadley

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

17. INFORMANT (ADDRESS) Mrs. E. M. Snyder St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland DATE August 6, 1931

19. UNDERTAKER (ADDRESS) Greenman Funeral Home St. Joseph, Mo.

20. FILED 8-6-31 19 John R. Bender Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from 8-4-31 to 8-4-31, 1931. I last saw him alive on 8-4-31. Death is said to have occurred on the date stated above, at 4:00 p.m.

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

Chronic Myocarditis Date of onset 43

Other contributory causes of importance: General Arteriosclerosis

Name of operation [Signature] Date of [Signature]  
What test confirmed diagnosis? [Signature] 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 [Signature]  
Nature of injury [Signature]

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify [Signature] M. D.  
(Signed) John J. Dupkey  
(Address) St. Joseph, Mo.

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.

SEP 21 1931

