

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.

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

Do not use this space.

30564

1. PLACE OF DEATH

County Buchanan Registration District No. 1001
Township _____ Primary Registration District No. _____
City St Joseph (No. 1512 4th Ave St. _____ Ward _____)

File No. _____
Registered No. 926
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1512 4th Ave St., _____ Ward.

(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

3. SEX ♂ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 6 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 1

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. _____

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) St Joseph Mo
Missouri

13. NAME Pelmar Lance

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stillmore
Missouri

15. MAIDEN NAME Helen Pearmont

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mound City
Missouri

17. INFORMANT Pelmar Lance
(ADDRESS) 1512 - 4th Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Stillmore DATE Sept 7 1931

19. UNDERTAKER Hattie M. Galt
(ADDRESS) 319 S. 14th St

20. FILED 9-5 1931 John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 6 1931 to Sept 7 1931

I last saw her alive on Sept 7 1931 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:

Atelentosis 161A
atelectasis

Other contributory causes of importance: none

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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? no

If so, specify _____ (Signed) John Beck M. D.

(Address) St Joseph Mo

