

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

Do not use this space.

33684

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township St Joseph Primary Registration District No. 1001
City St Joseph (No. 1420 N. 10th)

File No. _____
Registered No. 1080 St. _____ Ward)

2. FULL NAME

(a) Residence, No. 1420 North 10th St., _____ Ward.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jesse Wood</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 17 - 1848</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>1</u>
	DAYS <u>3</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Coal Miner</u>	
	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) <u>Frazier Mo</u>		
FATHER	13. NAME <u>John W. Giddens</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wagoner Mo</u>	
MOTHER	15. MAIDEN NAME <u>Annie Clark</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wagoner Mo</u>	
17. INFORMANT (ADDRESS) <u>Eliza Boyle 1420 North 10th St Joe. Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Frazier Mo</u> DATE <u>Oct 22</u> 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>H. A. Sullivan Gower Mo</u>		
20. FILED <u>10-21</u> 19 <u>31</u> <u>John R. Bender</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20 1931
22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1931, to Oct 20 1931
I last saw her alive on Oct 19 1931. Death is said to have occurred on the date stated above, at 1-40 pm.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris Date of onset _____
131
94A 131
Other contributory causes of importance:
Nephritis Chronic

Name of operation _____ Date of _____
What test confirmed diagnosis? Cholera 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 _____
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) B. W. Footaker, M. D.
(Address) PT 8 Bldg

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. NOV 26 1931

WHILE FILLING IN WITH UNFADING INK—THIS IS A PERMANENT RECORD

