

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.

NOV 29 1931

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

Do not use this space.

33711

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph, Mo. No. 216 Arizona St. _____ Ward _____

File No. _____
Registered No. 1109
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 216 Arizona St. _____ Ward _____
(Usual place of abode)

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. (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 Frank Repede

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown about 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 unknown

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

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) Unknown Panama

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Frank Repede St. Joseph, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cem. DATE Nov. 2, 1931

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

20. FILED NOV 29 1931 John R. Bendurec Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 30 1931, to Oct 31 1931
I last saw her alive on Oct 30 1931 Death is said to have occurred on the date stated above, at 3:30 p. m.

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

Chronic Myocarditis and Chronic endocarditis
92A
92A
Other contributory causes of importance: Chronic Asthma

Name of operation _____ Date of _____
What test confirmed diagnosis? Chilled 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 R. Bendurec, M. D.
(Address) St. Joseph, Mo.

