

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

Do not use this space.

1. PLACE OF DEATH

County..... Buchanan Registration District No. 85
Township.....
City..... St. Joseph, (No. Missouri Methodist Hosp.)

File No. 3827
Registered No. 180
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St., _____ Ward. _____ Agency, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 9 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4, 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
31 2 20

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Buchanan Co., (STATE OR COUNTRY) Mo.

13. NAME John Stanton

14. BIRTHPLACE (CITY OR TOWN) Buchanan Co., (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Myrtie Cline

16. BIRTHPLACE (CITY OR TOWN) Buchanan Co., (STATE OR COUNTRY) Mo.

17. INFORMANT Vance Smiley (ADDRESS) Agency, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Agency Cemetery DATE Feb. 26, 1932

19. UNDERTAKER Walter Meierhoffer (ADDRESS) 301 No. 3th St. St. Joseph, Mo.

20. FILED FEB 24 1932 John R. Bender Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24, 1932 .19

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1932, to Feb 24, 1932

I last saw her alive on Feb 23, 1932. Death is said to have occurred on the date stated above, at 12.06 A.M.

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

Perforated appendix
Perforated appendix
12.18 / 45 a
1

Date of onset Feb 17

Other contributory causes of importance:

was operated for appendicitis about 1 week after delivery at Catherine Marks. by another surgeon did not see till Feb 22-23

Name of operation appendectomy Date of Feb 17

What test confirmed diagnosis? Phys. finding 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) W. H. Wallace, M. D.

(Address) 301 No. 3th St. St. Joseph, Mo.

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.

MAR 1 1932

