

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.

APR 25 1932

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

7408

1. PLACE OF DEATH

County Duchanan  
Township St Joseph, Mo  
City St Joseph, Mo

Registration District No. 85  
Primary Registration District No. 1001  
(No. State Hospital #2.

File No. \_\_\_\_\_  
Registered No. 204  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence No. Lexington, Mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 5 yrs. 2 mos. 7 ds.

How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Lexington, Mo.  
(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) Unknown

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1860 Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 hr. or min.  
72 (2) (3)

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housekeeper  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Unknown 31

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Unknown

14. INFORMANT Records State Hosp #2  
(Address) St Joseph Mo

15. MAR 2 1932  
John R. Bender REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 1 1932  
17. I HEREBY CERTIFY, That I attended deceased from July 1st 1931, to March 1 1932  
that I last saw h. alive on March 1 1932 and that death occurred, on the date stated above, at 200 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

107A  
97  
Broncho. Pneumonia  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 ds.  
CONTRIBUTORY (SECONDARY) Cerebral Arteriosclerosis with Hypertension  
(duration) 5 yrs. 2 mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Dr. Clifton Smith M. D.  
State Hospital #2  
March 1 1932 (Address) St Joseph Mo

\*State the DISEASE CAUSING DEATH, or if deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lexington, Missouri  
DATE OF BURIAL Mar 3, 1932

20. UNDERTAKER Walter Mueller  
ADDRESS 1302 Faraon St. St. Joseph, Mo.

