

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

X Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St. Joseph(No. St. Joseph Hospital)

File No.

7447

Registered No.

245

St. Ward)

2. FULL NAME Anna Laura Jacquemin(a) Residence, No. 2020 Jones st.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 36 yrs.

mos.

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)
Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFRichard E. Jacquemin

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

September 8, 1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

65

6

2

OCCUPATION

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

House wife

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

own home

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)GalesburgIllinois

13. NAME

Elijah Sweetser

FATHER

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)ColumbusOhio

MOTHER

15. MAIDEN NAME

Elizabeth Haynes16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)GalesburgIllinois17. INFORMANT Frank Jacquemin(ADDRESS) 2020 Jones st St. Joseph Mo.18. BURIAL, CREMATION, OR REMOVAL—Mt. Clivet CemeteryPLACE St. Joseph Mo. DATE March 12, 1932

19. UNDERTAKER

(ADDRESS) H.O. Siderfaden
1802 Union st St. Joseph Mo.

20. FILED

MAR 11 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

March 10, 19 32

22. I HEREBY CERTIFY That I attended deceased from

Mar 7, 1932, to Mar 9, 1932I last saw her alive on Mar 9, 1932 Death is saidto have occurred on the date stated above, at 12:55A.

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

Date of onset

Cerebral Hemorrhage 2 hr
Ruptured left kidney 2 days

Other contributory causes of importance:

Diabetes mel

Name of operation

None

Date of

What test confirmed diagnosis? Uter. Was there an autopsy? No

If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? acc Date of injury Mar 7, 1932

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public Highway 36 mi W. of townManner of injury Auto turned overNature of injury Rupture left kidney24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

Frank Jacquemin

M. D.

(Address)

Kirkpatrick Bedy

