

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township St Joseph Mo
City St Joseph Mo (No. _____)

Registration District No. 85
Primary Registration District No. 1001

File No. 7456
Registered No. 255
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 5023 Barbara 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. 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) Child
6A. IF MARRIED, WIDOWED, OR DIVORCED - HUSBAND OF (OR) WIFE OF _____

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>9</u>

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) St Joseph Mo

13. NAME Chas V. Woolard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reading Pa

15. MAIDEN NAME Bessie S Searcy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cameron Pa

17. INFORMANT Chas V. Woolard

18. BURIAL, CREMATION, OR REMOVAL PLACE Cosby Mo DATE 3-14-32

19. UNDERTAKER Chas V. Woolard (ADDRESS) 5023 Barbara

20. FILED 3-13-1932 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-13-1932

22. I HEREBY CERTIFY, That I attended deceased from 3-13-1932 to 3-13-1932

I last saw her alive on 3-13-1932 Death is said to have occurred on the date stated above, at 9:00 a.m.

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

Mal nutrition Date of onset _____

158 158

Other contributory causes of importance: none

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) Joseph Searcy M. D.

(Address) 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.

APR 25 1932

