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.

MAY 23 1932

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

85 11689

1. PLACE OF DEATH
County Buccanhan Registration District No. 1001 File No. 366
Township Primary Registration District No. Registered No.
City St. Joseph Mo. (No. State Hospital #2 St. Ward)

2. FULL NAME Lydia Dognet
(a) Residence. No. Kansas City Mo. St., Ward. Kansas City Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 8 yrs. 8 mos. 7 ds. How long in U. S., if of foreign birth? not known 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: William Dognet
6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1883? abt
7. AGE: abt 49 YEARS MONTHS Unknown DAYS ? If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Inmate State Hosp.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) not known (STATE OR COUNTRY) Sweeden 24
PARENTS
10. NAME OF FATHER: not known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known (STATE OR COUNTRY) Sweeden
12. MAIDEN NAME OF MOTHER: not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known (STATE OR COUNTRY) Sweeden
14. INFORMANT: Hospital Records
(Address) State Hosp. #2 St. Joseph Mo.
15. FILED 4-18, 1932 John R. Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 15, 1932
17. I HEREBY CERTIFY, That I attended deceased from May 8, 1929, to April 15, 1932, that I last saw her alive on April 15, 1932, and that death occurred, on the date stated above, at 6:25 P m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis.
93 C
93 C
(duration) 8 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) None
(duration) 1 yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH not known
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings
(Signed) George W. Forman, M. D.
April 15 1932 (Address) State Hosp. #2 St. Joseph
*State the DISEASE CAUSING DEATH, or in 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: Asylum Cem
DATE OF BURIAL: Apr. 18 1932
20. UNDERTAKER: Stingley-Stamey, F.H.
ADDRESS: 2nd 8 So 10