

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

Do not use this space.

11748

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph (No. 3216 Seneca St.)

File No. _____
Registered No. 429
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3216 Seneca 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 45 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb, 9, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 2 20

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2150

10. Date deceased last worked at this occupation (month and year) Jan, 1932 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Table Rock, Mo.

13. NAME Albert Bush

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ontario, Canada

15. MAIDEN NAME Ella Daniels

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus, Ohio.

17. INFORMANT Mrs. W.M. Elliott
(ADDRESS) 3216 Seneca St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cemetery DATE Apr. 30, 1932

19. UNDERTAKER Walter Moeckhoff
(ADDRESS) 1302 Faraon St. St. Joseph, Mo.

20. FILED April 30 1932 John A. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 29, 1932

I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1929, to Apr. 29, 1932
I last saw her alive on April 29, 1932 Death is said to have occurred on the date stated above, at 8.35 A.M.

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

General Carcinoma Date of onset 2 yrs
Primary seat, left Ovary
metastatic
Other contributory causes of importance: Went intestinal obstruction 3 days

Name of operation none later Date of _____
What test confirmed diagnosis? Specimen Was there an autopsy? no

23. If death was due to external causes (violence), fit 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) Carl Potts M. D.
(Address) 731 Faraon 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.

MAY 3 1932

