

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

Do not use this space.

15315

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
Township \_\_\_\_\_ Primary Registration District No. 1001  
City St. Joseph (No. 2515 So. 11th. St.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 228

**2. FULL NAME**

(a) Residence, No. 2515 So. 11th. St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF B. E. Denton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May, 2, 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	69	11	29	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) St. Joseph, Mo. (STATE OR COUNTRY)

FATHER 13. NAME James Inman

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) England

MOTHER 15. MAIDEN NAME Charlotte Crossley

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) England

17. INFORMANT B. E. Denton (ADDRESS) 2515 So. 11th. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn Cemetery DATE May, 3, 1932, 1932

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

20. FILE MAY 3 1932 John R. Bender Registrar.

**MEDICAL CERTIFICATE OF DEATH**

4 21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 1, 1932, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 23 1932 to Apr 30 1932  
I last saw her alive on Apr 30 1932. Death is said to have occurred on the date stated above, at 2.15 P.M.  
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia (left) 10% 8 days  
acute  
1103  
Other contributory causes of importance:  
arterio-scl. general 1  
Chr. myocarditis  
Plumby - acute. 8 days

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1932  
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) Frank W. Hardeman, M. D.  
(Address) Kirkpatrick Bldg., 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.

JUN 2 1932

