

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 21 1932

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

Do not use this space.

15317

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. Joseph (No. 1005 Grand Ave)

Registration District No. 85
Primary Registration District No. 1001

File No. 440
Registered No. 440
St. Grand Ave Ward

2. FULL NAME

(a) Residence, No. 1005 Grand Ave

Length of residence in city or town where death occurred 30 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12, 1880

7. AGE YEARS 51 MONTHS 6 DAYS 20 If LESS than 1 day, hrs. or min.

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

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) March 1932 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Neenah, Wis. (STATE OR COUNTRY)

13. NAME Dave Thompson

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) H. H. Albin

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Anthony DATE May 4, 1932

19. UNDERTAKER (ADDRESS) E. P. Siderfin

20. FILED John R. Brader

MAY 3 1932

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1931, to May 2, 1932

I last saw her alive on May 2, 1932. Death is said to have occurred on the date stated above, at 109 m. The principal cause of death and related causes of importance were as follows:

Pyonephrosis

Other contributory causes of importance: Cystitis

Name of operation none Date of 1932

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no

Where did injury occur? no (Specify city or town, county, and State)

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

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) Kirkpatrick Bede, M. D.

(Address) St. Joseph, Mo

