

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 21 1934

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

85
15399

1. PLACE OF DEATH

County Buchanan
Township St Joseph
City St Joseph

Registration District No. 1001
Primary Registration District No. 1001
(No. State Hospital #2.)

File No.
Registered No. 15399
St. Ward

2. FULL NAME

(a) Residence, No. Lucerne Mo St. Ward. Lucerne Mo
(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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
65 — Unknown

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) 310

10. NAME OF FATHER unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY)

14. INFORMANT Records State Hospital
(Address) St Joseph Mo

15. FILED 5-29-1932 John L. Bender Jr
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 29 1932
17. I HEREBY CERTIFY, That I attended deceased from July 1 1931 to May 29 1932
that I last saw h. arrive on May 28 1932, and that death occurred, on the date stated above, at 6:27 a. m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis

84
Chronic Myocarditis
(duration) 3 yrs. 3 mos. ds.
CONTRIBUTORY (SECONDARY) Secondary Process
(duration) 16 yrs. 4 mos. 18 ds.

19. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Dr. Clifton Smith, M. D.
5/29 1932 (Address) State Hosp #1 St Joseph Mo

*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 Milan, Missouri DATE OF BURIAL May 31, 1932

20. UNDERTAKER Walter Meierhoffe ADDRESS 1302 Faraon St. St. Joseph, Mo.

