

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

Do not use this space.

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
 Township \_\_\_\_\_ Primary Registration District No. 1001  
 City St. Joseph, Mo. (No. 728 North 23rd Street) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 18745  
 Registered No. 580

**2. FULL NAME**

(a) Residence, No. 728 North 23rd Street St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Burri</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 20, 1866</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>2</u>
	DAYS <u>21</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home 235</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lebanon Illinois 2</u>		
MOTHER	13. NAME <u>John J. Guider</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany 10</u>	
	15. MAIDEN NAME <u>Mary Schmidt</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany 2</u>	
17. INFORMANT <u>Henry Burri</u> (ADDRESS) <u>St. Joseph, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ashland</u> DATE <u>June 16, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Fleming Funeral Home</u> <u>St. Joseph, Missouri</u>		
20. FILED <u>John R. Bender</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1932

22. I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to June 4, 1932  
 I last saw her alive on June 10, 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:  
General carcinoma following cancer of breast  
50 Primary seat  
535  
 Other contributory causes of importance:  
same

Name of operating physician \_\_\_\_\_ Date \_\_\_\_\_  
 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 \_\_\_\_\_, 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) Henry J. Brown, M. D.  
 (Address) St. Joseph, Mo.

JUN 16 1932

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 1932

MADE IN RESERVE FOR BINNING

V.S. NO.

THE NATIONAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE  
WASHINGTON, D. C. 20535

MEMORANDUM FOR THE DIRECTOR, FBI  
FROM: SAC, [illegible]  
SUBJECT: [illegible]

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