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

Do not use this space.

18778

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 614
City St. Joseph, (No. 916 Sycamore St. St. Ward)

2. FULL NAME Catherine Isabelle Travis
(a) Residence, No. 916 Sycamore St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JUL 21 1932

N. B.—Every item of information should be carefully reported. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Chas. Travis
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Chas. Travis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 7, 1841
7. AGE: YEARS 90 — MONTHS 8 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

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.
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): Unknown Virginia 2

FATHER
13. NAME: David Bowman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 3/1 Unknown

MOTHER
15. MAIDEN NAME: Dolly Ramey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): Mrs. Lowell McCoy 916 Sycamore St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Winston, Mo. DATE June, 25, 1932
19. UNDERTAKER (ADDRESS): Walter Meierhoffer 13062 Faraon St. St. Joseph, Mo.
20. FILED JUN 24 1932 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June, 23, 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1930, to June 23, 1932
I last saw her alive on June 23, 1932. Death is said to have occurred on the date stated above, at 3.00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Debility	
1860	
Other contributory causes of importance:	
Fracture Rt Femur	3/10/30

Name of operation Reduce fracture Date of 3/10-30
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? Date of injury 3/10, 1930
Where did injury occur? at home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Fall down steps
Nature of injury Fracture

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Emmett F. Cook, M. D.
(Address) Phys & Surgn Bldg