

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

Do not use this space.

1. PLACE OF DEATH

County Duchanan Registration District No. 85
 Township Washington Primary Registration District No. 1001
 City St. Joseph (No. 10) St. Joseph Meth. Hosp. St. 10 Ward 10

18779

File No. _____
 Registered No. 615

2. FULL NAME

(a) Residence, No. Blair St. St. Blair St. Ward Blair St.
 (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 20, 1922

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>10</u>	<u>5</u>	<u>4</u>	

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

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

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 6 yrs

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

13. NAME Lyle C. Clark

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Savannah, Missouri

15. MAIDEN NAME Ella Roach

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uniontown, West Virginia

17. INFORMANT (ADDRESS) Mrs. Agnes Hoops, 2908 Francis St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Belmont DATE June 27, 1932

19. UNDERTAKER (ADDRESS) E. P. Dider, 603 So. 1st St.

20. FILED 6-25, 1932 John C. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-19, 1932, to 6-24, 1932

I last saw her alive on 6-24, 1932. Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

Pertussis general appendicitis - acute

Date of onset 6-18-32

Other contributory causes of importance: 1215

Name of operation appendectomy Date of 6-19-32
 What test confirmed diagnosis appendicitis Was there an autopsy Yes

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? Yes

If so, specify _____ (Signed) Joe Jorgensen, M. D.

(Address) St. Joseph, Mo

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

JUL 21 1932

