

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.

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

Do not use this space.

19591

1. PLACE OF DEATH

County Jackson
Township St. Joseph
City N. E. Mo. (No. St. Joseph)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 2401
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3315 Canal St., Arwander Ward.

(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 Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24 - 1861

7. AGE YEARS 71 MONTHS 0 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

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. Retired

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

12. BIRTHPLACE (CITY OR TOWN) Leavenworth (STATE OR COUNTRY) Kansas

13. NAME Wager

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 10

15. MAIDEN NAME Mrs. Gristwack

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) _____

17. INFORMANT Mr. Fred G. Arwander (ADDRESS) 5634 Harrison St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE June - 18 - 1932

19. UNDERTAKER Mrs. C. L. Foster (ADDRESS) 218 Broadway Ave

20. FILED of 16 19 32 M. M. Brown Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June - 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 13 1932, to June 16, 1932
I last saw her alive on June 16, 1932. Death is said to have occurred on the date stated above, at 2:30 P. M.

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

Acute Intestinal Obstruction Date of onset _____

Intussusception

Other contributory causes of importance: 1 2 2 B

Name of operation Laparotomy Date of _____

What test confirmed diagnosis? _____ 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 _____, 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 Jahmowack (Signed) _____, M. D.
(Address) 1429 Prof. Bldg.

Mr. J. M. ...

Off.

Ha-0236

Ch. M. ... 463-E-55-Hi-7972

Ha-7134