

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

Do not use this space.

25464

**1. PLACE OF DEATH**

County Buchanan  
Township \_\_\_\_\_  
City St Joseph

Registration District No. \_\_\_\_\_  
Primary Registration District No. 1001  
(No. 2224 Locust Street)

85

File No. \_\_\_\_\_  
Registered No. 510  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Female McPheter**

(a) Residence, No. 2224 Locust 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 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) August 23, 1932

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, no. hrs. or 2.5 min.
	0	0	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
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) St Joseph (STATE OR COUNTRY) Missouri

MOTHER FATHER 13. NAME Galen McPheter

14. BIRTHPLACE (CITY OR TOWN) Jerseyville (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Flossie Herring

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

17. INFORMANT Galen McPheter (ADDRESS) 2224 Locust St., St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Memorial Park Cemetery PLACE St Joseph Mo. DATE Aug. 23 1932

19. UNDERTAKER F. C. Schumacher (ADDRESS) 1802 Union st St Joseph Mo.

20. FILED 8-23-32-19 John R. Bender Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1932 to Aug 23, 1932

I last saw her alive on Aug 23, 1932 Death is said to have occurred on the date stated above, at 8 m.

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

Premature Birth Date of onset \_\_\_\_\_

154 / 56

Other contributory causes of importance: \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Physical 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) J. R. Elliott, M. D. (Address) 824 Edmond St. Joseph Mo.

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.

SEP 8 1 1932

