

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

Do not use this space.

Missouri
28596

1. PLACE OF DEATH

County Buchanan Registration District No. 86
 Township Pruple Primary Registration District No. 528
 City St. Joseph, Mo. (No. Halls, Missouri) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (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 <u>Male</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>Annie McCoarty</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown 18 67</u>		
7. AGE YEARS <u>65</u>	MONTHS <u>unknown</u>	DAYS <u>unknown</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Mrs. Martha McQuire</u> (ADDRESS) <u>Halls, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>King Hill</u> DATE <u>September 17, 1932</u>		
19. UNDERTAKER <u>St. Joseph Funeral Home</u> (ADDRESS) <u>St. Joseph, Mo.</u>		
20. REGISTERED <u>Sept 16 1932</u> <u>J. Paaschke</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) September 15, 1932

2. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932 to Sept 15, 1932
 I last saw him alive on Sept 12, 1932 Death is said to have occurred on the date stated above, at 3:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 93c
 Other contributory causes of importance: ① TB

Name of operation _____ Date of _____
 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 _____, 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. Paaschke, M. D.
 (Address) St. Joe, 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.

OCT 24 1932

