

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

Do not use this space.

34805

64

1. PLACE OF DEATH

County Cochran

Township St. Joseph Mo. State Hospital #2

City St. Joseph Mo.

Registration District No. 85

Primary Registration District No. 1001

File No. _____

Registered No. 1070

Ward _____

2. FULL NAME

(a) Residence, No. 817 W. Emp. Ave. New York, N.Y.

(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1847

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

85

Unknown

OCCUPATION

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

James

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)

All unknown

FATHER

13. NAME

Unknown

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

Ohio Unknown

MOTHER

15. MAIDEN NAME

Unknown

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

Ohio Unknown

17. INFORMANT (ADDRESS)

State Hospital Records State Hosp #2

18. BURIAL, CREMATION, OR REMOVAL

PLACE

La Cynne Ave. Nov. 8, 1932

19. UNDERTAKER (ADDRESS)

F. G. Biderman 602 So. 10th St.

20. FILED

11-8-32

W. R. Buder Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1916 to Nov 7, 1932

Last saw him alive on Nov 7, 1932 Death is said to have occurred on the date stated above, at 9 a. m.

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

Chronic Myocarditis
108
930
162

Date of onset

Nov. 6, 1932

Other contributory causes of importance:

Aggravated Pneumonia

Name of operation no Date of no

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) W. R. Buder M. D.

(Address) State Hospital No 2 St. Joe Mo.

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.

7 1932

61

2
11

7