

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

Do not use this space.

34826

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township St. Joseph

Primary Registration District No. 1001

City St. Joseph (No. State Hospital #2.)

File No. _____
Registered No. 1091
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1220 St. Newton, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. 1 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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 22, 1868</u>		
7. AGE YEARS <u>63</u>	MONTHS <u>10</u>	DAYS <u>20</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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)
Mo. Johnson

MOTHER FATHER
13. NAME Samuel Risk

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

15. MAIDEN NAME Mary Benner

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

17. INFORMANT (ADDRESS)
Reverend State Hoop #1 St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Bethel Cemetery DATE Nov. 15, 1932

19. UNDERTAKER (ADDRESS)
Walter Meinhoff 1302 Faraon St. St. Joseph, Mo.

20. FILED 11-14-32 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1932 to Nov 11, 1932
I last saw him alive on Nov 11, 1932. Death is said to have occurred on the date stated above, at 5:40 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
1930
47
Other contributory causes of importance:
Arteriosclerosis

Name of operation _____ 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 _____
(Signed) B. W. Tadlock coroner
(Address) 621 Francis

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.

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