

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

Do not use this space.

34864

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph, Mo. No. 2846 Olive Street

File No. _____

Registered No. 1129c

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2846 Olive Street 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 6 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 10 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
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) Douglas County, Kansas

MOTHER 13. NAME E. A. Dinning

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas County, Kansas

15. MAIDEN NAME Della Winkert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas County, Kansas

17. INFORMANT Mrs. Frank Carter
(ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE November 28, 1932

19. UNDERTAKER Illerman Funeral Home
(ADDRESS) St. Joseph, Mo.

20. FILED 11-25 1932 John L. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1932, to Nov. 24, 1932

I last saw her alive on Nov. 24, 1932. Death is said to have occurred on the date stated above, at 3:15 p. m.

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

Pleural pneumonia
11A
108
11A
Date of onset: Nov 18

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Smear 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) R. W. D. Tucker M. D.
(Address) 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.

