

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

Do not use this space.

34880.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph, Mo. (No. Isolation Hospital)

File No. _____

Registered No. 1145

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. 2701 South 23rd St., _____ Ward.

(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)

Single

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

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

May 7, 1912

7. AGE

YEARS

MONTHS

DAYS

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

20

6

20

OCCUPATION

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

275

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Chase Candy Factory

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)

St. Joseph, Missouri

FATHER

13. NAME

George W. Felt

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

UNKNOWN Kansas

MOTHER

15. MAIDEN NAME

Bertrude Harris

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

Speka Kansas

17. INFORMANT (ADDRESS)

George W. Felt St. Joseph, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ashland

DATE Nov. 30, 1932

19. UNDERTAKER (ADDRESS)

Sullivan Funeral Home St. Joseph, Missouri

20. FILED

NOV 30 1932

John T. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

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

November 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from

June, 1932, to Nov 27, 1932

I last saw h. er alive on Nov 26, 1932. Death is said to have occurred on the date stated above, at D. 4 p. m.

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

Pulmonary Tuberculosis

Date of onset Dec 1931

Other contributory causes of importance:

None

Name of operation

None

Date of _____

What test confirmed diagnosis? (Ex. X-Ray, etc.) Was there an autopsy?

Exp. X-Ray. 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) E. M. Shores, M. D.

(Address) 317 Kirkpatrick Bldg 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.

WRITE FULLY, WITH CARE, WITHIN THESE LINES

441
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1