

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

Do not use this space.

140

85

3771

1. PLACE OF DEATH

County Buchanan

Registration District No. _____

Township _____

Primary Registration District No. 1001

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

File No. _____

Registered No. 134

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward Kansas City Mo
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
(Write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30 1933

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

22. I HEREBY CERTIFY, that I attended deceased from Feb 26 1931 to Jan 30 1933

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1849

I last saw her alive on Jan 30 1933 Death is said to have occurred on the date stated above, at 7:15 P.M.

7. AGE, YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. About 84 cont. 10 months

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

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

Chronic Myocarditis
9:30 P.M. 2/26/31
1:00 P.M. 2/26/31
Other contributory causes of importance:
Senile Psychosis 2/26/31

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Records Dept St. Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sealia Mo DATE 2-1 1933

19. UNDERTAKER (ADDRESS) H.P. Sidenaden St. Joseph Mo

20. FILED Jan 30 1933 John K. Bender Registrar

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) A. C. [Signature] M. D.
(Address) State Hosp #2

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.

1933

