

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

Do not use this space.

1. PLACE OF DEATH

11 County Bucaran Registration District No. 85
 5 Township _____ Primary Registration District No. 1001
 9 City St. Joseph, Mo. (No. _____ State Mo.)

File No. 18928
 Registered No. 615
 St. _____ Ward _____

2. FULL NAME

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

Length of residence in city or town where death occurred 3 yrs. 4 mos. 15 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unknown
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1888
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
45 Unknown
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lantern
 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) unknown

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) Hospital Records State Hwy #2 St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Asylum Care DATE June 19/1933

19. UNDERTAKER (ADDRESS) Wm. H. Mott

20. FILED 6-19-33 1933 J. H. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from July, 1931, to June 15, 1933
 I last saw him alive on June 15, 1933. Death is said to have occurred on the date stated above, at 5:27 p.m.

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

General Paralysis of the Brain July 1931
83 83
 Date of onset July 1931
 Plus _____

Other contributory causes of importance: none

Name of operation none Date of _____
 What test confirmed diagnosis? Clin. findings as 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) George W. Fenneman, M. D.
 (Address) State Hwy #2 St. Joseph 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.

JUL 20 1933

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