

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

Do not use this space.

35699

1. PLACE OF DEATH

County Buchanan Registration District No. 35
 Township _____ Primary Registration District No. 1001
 City St Joseph (No. St Joseph Hospital) St. _____ Ward _____

File No. _____

Registered No. 1078

2. FULL NAME Geraldine Ann Christian

(a) Residence, No. 1824 Bellvue 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 21, 1923

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>10</u>	<u>0</u>	<u>12</u>	

OCCUPATION

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

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) St Joseph (STATE OR COUNTRY) Missouri

MOTHER FATHER 13. NAME Harold C Christian

14. BIRTHPLACE (CITY OR TOWN) St Joseph (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Elsie Wilson

16. BIRTHPLACE (CITY OR TOWN) St Joseph (STATE OR COUNTRY) Missouri

17. INFORMANT Harold C Christian (ADDRESS) 1824 Bellvue st St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVE Ashland Ce.m. PLACE St Joseph Mo. DATE Nov. 6 1933

19. UNDERTAKER H.O. Siedengaden (ADDRESS) 1802 Union st St Joseph Mo.

20. FILED 11-6-33 John R. Bender Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 3 1933

22. I HEREBY CERTIFY, That I attended deceased from May 25 1933 to Nov 2 1933

I last saw h. or alive on Nov 2 1933 Death is said to have occurred on the date stated above, at 7:30P.m.

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

Pneumo-pneumonia Date of onset Oct 31/33
107A
130
130
 Other contributory causes of importance: Chol. nephritis June 33

Name of operation none Date of _____
 What test confirmed diagnosis? Chol 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) Frank J. Hartigan M. D.
 (Address) 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 OCCURRENCE is very important.

