

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

Do not use this space.

39192

JAN 26 1934

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph (No. _____)

Registration District No. _____
Primary Registration District No. 1001
Sunnyslope Hospital

File No. _____
Registered No. 1216
St. _____ Ward _____

2. FULL NAME Johelen Katz

(a) Residence, No. _____ St. _____ Ward. Osborn Missouri
(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) March 18, 1927

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	6	8	20	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	11. Total time (years) spent in this occupation _____
	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) _____	

12. BIRTHPLACE (CITY OR TOWN) Louis Station (STATE OR COUNTRY) Missouri

13. NAME Joseph Katz

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

15. MAIDEN NAME Helen McEdworth

16. BIRTHPLACE (CITY OR TOWN) Louis Station (STATE OR COUNTRY) Missouri

17. INFORMANT Joseph Katz (ADDRESS) Osborn Missouri

18. BURIAL, CREMATION, OR REMOVAL Norborne Mo. PLACE Norborne Mo. DATE Dec. 10 19 33

19. UNDERTAKER (ADDRESS) H. C. Sidenfaden
1802 Union St. St. Joseph Mo.

20. FILED 12-9-1933 John K. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 8 19 33

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1933, to Dec 8, 1933

I last saw h. OT alive on _____, 19____. Death is said

to have occurred on the date stated above, at 8:50P.m.

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

Diphtheria (Tracheo-Parotidial) Date of onset 11-26-33

Other contributory causes of importance: Broncho Pneumonia 12-8-33

Name of operation Tracheotomy Date of 11-28-33

What test confirmed diagnosis? Lab. Was there an autopsy? yes

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.

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.

