

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.

JAN 26 1934
11
9

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

Do not use this space.

PLACE OF DEATH

County Buchanan
Township
City St. Joseph (No. Sunnyslope Hospital)

85

Registration District No.
Primary Registration District No. 1001

39205

File No.
Registered No. 1229 (Ward)

2. FULL NAME Rose Gertrude De Mar

(a) Residence, No. 726 South 15 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30, 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 6 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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 Thomas Lavelle

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

15. MAIDEN NAME Catherine McDonald

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

17. INFORMANT Francis X. DeMar (ADDRESS) 726 So. 15 st St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery PLACE St. Joseph Mo. DATE Dec. 12, 1933

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

20. FILED 12-12, 1933 John L. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1933, to Dec 10, 1933
I last saw h. or alive on Dec 4, 1933. Death is said to have occurred on the date stated above, at 3:45A. m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
231
23
Other contributory causes of importance:
Tuberculosis
Peritonitis
Date of onset 1932
1933.

Name of operation none Date of 12-10-33
What test confirmed diagnosis? Komaj test Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury
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 none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) H. E. Slump M. D.
(Address) 225 S. Chamber St. St. Joseph, Mo.

