

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

Do not use this space.

39277

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
 Township St. Joseph Primary Registration District No. 1001  
 City St. Joseph (Not State Hospital #2) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 1304  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward 303 Cypress, Kennedy Mo  
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 30, 1857</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>3</u>
	DAYS <u>1</u>	if LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Mo unknown</u>		
MOTHER	13. NAME <u>Michael Mc Wath</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
	15. MAIDEN NAME <u>Margaret Funches</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Reverend St. Joseph</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>K.C. Mo</u> DATE <u>12-31-33</u>		
19. UNDERTAKER (ADDRESS) <u>J. J. O'Donnell Co</u>		
20. FILED <u>12-31-33</u> <u>John R. Bendure</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/31, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/15/33, 1933, to 12/31, 1933  
 I last saw her alive on 12/30, 1933 Death is said to have occurred on the date stated above, at 3:00 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Stroke - Pneumonia 12/24/33  
1074  
1674  
 Other contributory causes of importance:  
Senile Psychosis + 9/15/33

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) A. J. Smith M. D.  
 (Address) Waller Hoop 42  
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.

JAN 26 1934

ORIGIN RESERVED FOR BIRTHING

V. S. NO. 2

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