

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

Do not use this space

304

1. PLACE OF DEATH

County Buchanan Registration District No. 6001 File No. 124
Township St. Joseph Primary Registration District No. St. Joseph Registered No. 124
City St. Joseph (No. Mo. Mich. Hospital) Ward

2. FULL NAME

(a) Residence, No. 828 Parker St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 27, 1877

7. AGE YEARS 56 MONTHS 1 DAYS 4 IF LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

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) Ind. Ind.

13. NAME Unknown

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

15. MAIDEN NAME Katherine Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Della Schultz (ADDRESS) 828 Parker St. St. Joseph

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland DATE Feb. 2 '34

19. UNDERTAKER Stingley & Stamey, F. H. (ADDRESS) St. Joseph

20. FILED 2-2-34 John A. Bender Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/31, 1934, to 1/31, 1934. I last saw him alive on 1/31, 1934. Death is said to have occurred on the date stated above, at 7 P. m.

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

Ulceration of stomach Date of onset about 6 mo
Perforated

Other contributory causes of importance: Asphyxiation

Name of operation none Date of none
What test confirmed diagnosis? Autopsy 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) H. Stamey, M. D.

(Address) 2634 St. Joseph Ave.

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.

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