

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 2001

City St. Joseph

(No. Missouri Methodist Hospital

File No. 7847

Registered No. 252

St. Ward

2. FULL NAME

~~Luciel Kariker~~ Luciel Kariker

(a) Residence, No. 609 No. 13th St.

St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 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) July 21, 1913

7. AGE

YEARS

20

MONTHS

7

DAYS

10

IF LESS than 1 day, hrs. or min.

OCCUPATION

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

Credit Mgr.

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

Paris Hat Shop.

10. Date deceased last worked at this occupation (month and year) Feb. 24, 1934

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Stanberry, Mo.

MOTHER FATHER

13. NAME

ArBert Karikeraton

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

Unkaom Co, Unknown

15. MAIDEN NAME

Helen Johnson

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

Griswell, Iowa.

17. INFORMANT (ADDRESS)

A.R. Harrington Stanberry, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Stanberry, Missouri DATE Mar. 3, 1934

19. UNDERTAKER (ADDRESS)

Walter Meierhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED

3-2-34

J. M. R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1934, to March 1, 1934

I last saw her alive on Feb 28, 1934. Death is said

to have occurred on the date stated above, at 2.30 A.M.

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

Myocardial Stearosis

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical 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

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) Gustav A. Law, M. D.

(Address) Kirkpatrick Bldg. St. Joseph, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

