

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

Do not use this space.

1. PLACE OF DEATH

11 5 9 County Buchanan Registration District No. 85
Township St Joseph Primary Registration District No. 1001
City St Joseph (No. 2722) Mary St. _____ Ward _____

File No. 7877
Registered No. 282

2. FULL NAME

(a) Residence, No. 2722 Mary's St., _____ Ward _____

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 23 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 negro 5. SINGLE/MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8 - 1911
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 10 29

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Father's Housekeeper
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) St Joseph Mo

13. NAME Richard Kirby

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

15. MAIDEN NAME Eva Christophe

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

17. INFORMANT (ADDRESS) Richard Kirby

18. BURIAL, CREMATION, OR REMOVAL PLACE Amman Ave DATE Mar 10/34

19. UNDERTAKER (ADDRESS) Gaussen Mortuary

20. FILED 3-10-34 John R. Bentley Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 7th 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1934 to March 7, 1934
I last saw her alive on 2/19/34 at 5:45 P.M. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis
Obstetric Puerperal
by one month
Other contributory causes of importance:
Chloroform
Was there an autopsy? No

Name of operation _____ Date of _____
What test confirmed diagnosis? Chloroform 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) Kentley Goodson, M. D.
(Address) 216 1/2 W. No. Ave

WHITE 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.

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