

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

Do not use this space.

85

15812

1. PLACE OF DEATH

County Buchanan, Registration District No. 1001 File No. _____
Township _____ Primary Registration District No. _____ Registered No. 563
City St. Joseph (No. St. Josephs Hospital.) St. _____ Ward _____

2. FULL NAME Sister Agnes Bechtinger.

(a) Residence, No. St. Josephs Hospital. St. _____ Ward _____ (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 2 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) About. 1878.

7. AGE YEARS 56 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sister of Charity.
10. Date deceased last worked at this occupation (month and year) 2 years 11. Total time (years) spent in this occupation 25

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

MOTHER 13. NAME Unknown.

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

15. MAIDEN NAME Unknown.

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

17. INFORMANT Sisters of Charity (ADDRESS) 10th and Powell Sts.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Olivet Cemetery May 12 1934

19. UNDERTAKER H. O. Sidenfaden (ADDRESS) 1802 Union St.

20. FILED MAY 11 1934 John R. Beaudry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1 to May 11 1934
I last saw her alive on May 8 1934 Death is said to have occurred on the date stated above, at 7:30a.m.

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

Pulmonary tuberculosis
6-3-37
Date of onset _____

Other contributory causes of importance: _____

Name of operation none 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? _____
If so, specify _____ (Signed) John R. Beaudry, M. D.

(Address) St. Joseph

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.

JUN 20 1934

