

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.

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

Do not use this space.

PLACE OF DEATH
County Buchanan Registration District No. 85
Township St. Joseph, Mo. Primary Registration District No. 2001
City St. Joseph, Mo. (No. Mo. Meth. Hosp.) Registered No. 19596
St. _____ Ward) Registered No. 734

2. FULL NAME Dora May Defenbaugh Redding, Iowa
(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 11 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bert Defenbaugh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 13, 1885

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>49</u>	<u>7</u>	<u>13</u>	

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

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) June 11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ringo County Iowa

FATHER 13. NAME Alex Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Mahala Ann Warden
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk County Iowa

17. INFORMANT (ADDRESS) Mr Bert Defenbaugh Redding Iowa

18. BURIAL, CREMATION, OR REMOVAL PLACE Redding Iowa DATE June 28 1934

19. UNDERTAKER (ADDRESS) Heaton-Begole & Boyman 619 So. 10 St. Joseph, Mo.

20. FILED 6-26-34 John R. Bender Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1934

22. I HEREBY CERTIFY That I attended deceased from June 16, 1934, to June 26, 1934
I last saw h. alive on June 26, 1934. Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:
Post mortem intestinal absorption mechanical illness
Date of onset June 16

Other contributory causes of importance:
Malnutrition for ulcerine fibroid

Name of operation Nyctometry Date of June 18 34
What test confirmed diagnosis? _____ 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) W. J. Schmidt, M. D.
(Address) 209 So. 10 St. Joseph, Mo.

11 1204

2035

