

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

Do not use this space.

460

1. PLACE OF DEATH

County Bucaran

Registration District No. 85

File No. 23318

Township St. Joseph

Primary Registration District No. 1001

Registered No. 825

City St. Joseph (No. State Hosp #2)

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Kansas City Mo

(Usual place of abode)

St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 3 mos. 13 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joe Grant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1863

7. AGE YEARS 71 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook.
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) White Cloud Kansas

13. NAME Stilman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) White Cloud Kansas

15. MAIDEN NAME Winters

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) White Cloud Kansas

17. INFORMANT (ADDRESS) John H. Bender, 2411 1/2 St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph Mo. Asylum Cem. DATE July 24 1934

19. UNDERTAKER (ADDRESS) Wendy J. House

20. FILED 24 1934 John H. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 1934

22. I HEREBY CERTIFY that I attended deceased from April 6, 1934, to July 19, 1934

I last saw him alive on July 19, 1934 Death is said to have occurred on the date stated above, at 7:45 p.m.

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

Chronic myocarditis Date of onset 7/6/32

Other contributory causes of importance: none

Name of operation _____ 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 _____, 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) George W. Fanner, M. D.

(Address) State Hosp #2, St. Joseph Mo

WRITE 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.

AUG 11 1934

