

DEC 1 2 1934

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 St. Joseph Primary Registration District No. 1001
City St. Joseph (No. Missouri Methodist) St. _____ Ward _____

File No. 38573
Registered No. 1249
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward Genley, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth yrs. mos. da.

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 James W. Snook

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 27 - 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
59 6 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Genley Co Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Martin Murphy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Buchanan
(STATE OR COUNTRY) Vermont

12. MAIDEN NAME OF MOTHER Martha Rice

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Genley Co
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs Chestnut
(Address) Genley Mo

15. FILED 11-13-1934 John R. Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 13, 1934
17. I HEREBY CERTIFY, That I attended deceased from 11/8, 1934, to 11/3, 1934 that I last saw h. o. alive on 11/3, 1934, and that death occurred, on the date stated above, at 9:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

138
Renewal Ulcer
48 (duration) 3 yrs. 3 mos. 3 da.
CONTRIBUTORY (SECONDARY) 48
(duration) 3 yrs. 3 mos. 3 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? Yes DATE OF 11/2-1934

WAS THERE AN AUTOPSY? No

WHAT TESTS CONFIRMED DIAGNOSIS? Laboratory
(Signed) Robert F. Cook, M. D.

, 19 _____ (Address) St. Joseph Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Old Brick DATE OF BURIAL Nov 15 1934

20. UNDERTAKER Clifford Book ADDRESS Albany 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.

RECORD WITH OWARDING MATTERS IS A PERMANENT RECORD

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