

JAN 14 1935

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

Do not use this space.

42084

1. PLACE OF DEATH

County Buchanan

Registration District No. 1001

Township

Primary Registration District No.

City St. Joseph, Mo.

(No. St. Joseph's Hospital)

File No.

Registered No. 1422

St. Ward

2. FULL NAME Lula Withrow

(a) Residence, No. 40th & Farron, R.R. 3, St. Joseph Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED MARRIED (OR) WIFE OF Harry Withrow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About May, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min. About 69 7 Unknown

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife
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) Unknown (STATE OR COUNTRY) Indiana

13. NAME James A. Wiley

14. BIRTHPLACE (CITY OR TOWN) Blockton (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Unknown

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

17. INFORMANT Harry Withrow (ADDRESS) R.R. 3 St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL City Cemetery PLACE St. Joseph, Mo. DATE Dec. 28 1934

19. UNDERTAKER H. O. Sidenfaden (ADDRESS) St. Joseph, Mo.

20. FILED 12-28 19 34 John R. Bruden Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 1934, to

I last saw her alive on 19..... 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:

Malnutrition
12/13/94

Other contributory causes of importance:

Exposure

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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 John Thomas Coronet

(Signed) John Thomas Coronet (Address) 731 Farron

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.

