

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.

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

Do not use this space.

FEB 20 1935

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1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph, (No. 2835 Oak St.) St. _____ Ward _____

File No. _____
Registered No. 36

2. FULL NAME

Mary G. Streitt

(a) Residence, No. 2835 Oak St. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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 HUSBAND OF (OR) WIFE OF Jesse J. Streitt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 1 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
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) St. Charles, Mo.

FATHER 13. NAME Morris Eadus

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

MOTHER 15. MAIDEN NAME Margaret Eagen

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

17. INFORMANT Jesse J. Streitt
(ADDRESS) 2835 Oak St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem. DATE Jan. 11, 1935

19. UNDERTAKER Walter Meierholder
(ADDRESS) 1302 Faraon St. St. Joseph, Mo.

20. FILED 1-11- 1935 John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7, 1935

22. I HEREBY CERTIFY, That I visited deceased from Jan 7, 1934, to _____, 19____.

I last saw h. et alive on _____, 19____. Death is said

to have occurred on the date stated above, at 12.45 A.M.

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

Chronic Myocarditis Date of onset _____

Other contributory causes of importance:

Arteriosclerosis

Name of operation none 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) Forrest Thomas Coroner D.

(Address) 731 Faraon St. St. Joseph, Mo.

