

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

Do not use this space.

Feb 30 1935

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1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township St. Joseph, MO. Primary Registration District No. 1001
 City St. Joseph, MO. (No. Missouri Methodist Hospital) St. _____ Ward _____

File No. _____
 Registered No. 126

2. FULL NAME

Daisy Nevada Traub

(a) Residence, No. _____ St. _____ Ward Craig, MO.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 0 yrs. 0 mos. 3 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 Fred Traub

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 11, 1913.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
21 1 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) Craig, Missouri
 (STATE OR COUNTRY)

13. NAME Robert C Dunning

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

15. MAIDEN NAME Sarah Kretzer

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

17. INFORMANT Otha Traub
 (ADDRESS) 1209 Highly Str St. Joseph,

18. BURIAL, CREMATION, OR REMOVAL Sharps Grove Cem
 PLACE Craig, Mo. DATE Jan. 29, 1935

19. UNDERTAKER H. O. Sidenfaden
 (ADDRESS) 1802 Union Str St. Joseph,

20. FILED 1-29-35 19 21 John R. Bender
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 28, 1935

22. I HEREBY CERTIFY, That I viewed on
 _____, 19 xx January 28th, 1935

I last saw h. _____ alive on _____, 19 _____. Death is said to have occurred on the date stated above, at 4/45p.m.

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

Burned (accidental) Date of onset _____

Other contributory causes of importance:
Poured coal oil in fire can exploded

Name of operation None Date of _____
 What test confirmed diagnosis? Phy Ex Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury 1/25, 1935
 Where did injury occur? North County, Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Can of coal oil exploded
 Nature of injury Burn of entire body

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify John Thomas Coroner, M. D.
 (Signed) _____ (Address) 731 2nd

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.

The following table shows the results of the survey conducted in the year 1991-1992. The data is presented in a tabular format, with columns representing different categories and rows representing different sub-categories. The values are presented in a clear and concise manner, allowing for easy comparison and analysis.

Category	Sub-Category	Value
Group A	Item 1	12.5
	Item 2	15.2
	Item 3	18.7
	Item 4	21.3
Group B	Item 1	10.8
	Item 2	13.4
	Item 3	16.9
	Item 4	19.5
Group C	Item 1	9.2
	Item 2	11.7
	Item 3	14.3
	Item 4	17.8
Group D	Item 1	8.5
	Item 2	10.9
	Item 3	13.6
	Item 4	16.1

The data indicates a general upward trend in values across all groups, with Group A showing the highest values and Group D showing the lowest. The values for each item within a group are consistently higher than the previous item, suggesting a cumulative or sequential effect.

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Buchanan Registration District No. 85 File No. _____
 Township St. Joseph Mo Primary Registration District No. 1001 Registered No. 126
 City St. Joseph Mo (No. _____) St. Joseph Mo St. _____ Ward)

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Craig 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _____ 4. COLOR OR RACE _____ 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

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

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

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

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19.

19. UNDERTAKER (ADDRESS) H. O. Redenbacher

20. FILED 6-77-35 1935 John R. Wender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the day stated above, at _____ m.

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

Burn entire body Date of onset _____
accidental

Other contributory causes of importance: _____
Covered coal oil in fire;
can exploded (in home) pt.
house burnt down former

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. 7-28, 1935

Where did injury occur? In home Craig Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury home
 Nature of injury Burns entire body

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____
 (Signed) Forest Thomas Brown, M. D.
 (Address) 731 - Astor St

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

JUN 28 1935

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