576

MAR 20 1935

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

Do not use this space.

4394

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 161

Township — Primary Registration District No. 1001 — Registered No.

City St. Joseph, Mo. (No. , St. Ward)

2. FULL NAME Caroline Kneer

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

Length of residence in city or town where death occurred 20 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)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4, 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
[illegible]	68	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) ~~Mo.~~ unknown Mo

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME "

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

17. INFORMANT (ADDRESS) Records State Hosp. #2 St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt Mora Cem DATE Feb 6 1935

19. UNDERTAKER (ADDRESS) Heaton BeGole + Bowman St Joseph Mo.

20. FILED 2-5 1935 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1914, to Feb. 4, 1935

I last saw her alive on Feb. 4, 1935. Death is said to have occurred on the date stated above, at 7:10p m.

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

	Date of onset
Lobar Pneumonia	1-19-35
108	

Other contributory causes of importance:

Acute Bronchial Asthma	2-3-35
Dementia Praecox	

Name of operation — Date of

What test confirmed diagnosis? — 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) D. Clifton Smith, M. D.

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