

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.

18990

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City

St. Joseph Mo (No. Mo. Methodist Hospital)

File No.

Registered No. 615

St. Ward

2. FULL NAME

(a) Residence, No. 1417 South 4th St., Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

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

Oct 18 1879

7. AGE

YEARS 56

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

OCCUPATION

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

housewife

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)

Dakleb County Mo

13. NAME

Unknown

MOTHER FATHER

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

Unknown Unknown

15. MAIDEN NAME

Unknown

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

Unknown Unknown

17. INFORMANT (ADDRESS)

XXXXXXXXX Clifford Jackson 1417 South 4th St, St. Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL

6-8-35

PLACE

City, Cem

DATE

19. UNDERTAKER (ADDRESS)

B. F. Graves Funeral Home

20. FILED

606 So 17th St St. Joseph Mo

Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 19... to June 6, 1935

I last saw her alive on June 6, 1935. Death is said to have occurred on the date stated above, at 4.50 AM.

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

Arctic Anemysm Levetic Date of onset

Other contributory causes of importance:

Miliary tuberculosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify. Signed: Doctor in Charge M. D.

(Address) Kirkpatrick Alley

