

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.

SEP 18 1935

25618

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City

St. Joseph, Mo. (No. 1518 So. 20)

File No. 834

Registered No. 834

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 1518 So 20th 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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alfred West</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 27 - 1852</u>		
7. AGE YEARS <u>83</u>	MONTHS <u>4</u>	DAYS <u>7</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>House keeper</u>
	10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) Osceola County  
(STATE OR COUNTRY) Missouri

13. NAME James Dailer

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. B. L. Dunbar  
(ADDRESS) 1518 So 20 St Joseph

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Stearnsbury DATE Aug 6, 1935

19. UNDERTAKER FLEMMING BORTHWICK, D. O.  
(ADDRESS) St. Joseph, Mo.

20. FILED 8-6-35 John R. Bender  
Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 1930 to Aug. 4 1935

I last saw him alive on Aug 4 1935 Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Acute Coronary Thrombosis Date of onset 1 day

Other contributory causes of importance  
Arterio Sclerosis, general about 6 or 7 yrs.

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? no 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) W. C. Clark, M. D.

(Address) 301 P. S. Bldg.

