

SEP 18 1935

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

Do not use this space.

25702

1. PLACE OF DEATH

County Buchanan Registration District No. 82 File No. 67
Township Washington Primary Registration District No. 5127 Registered No. 67
City St. Joseph (No. 1105) Joseph Ward one block out of City limits

2. FULL NAME

(a) Residence, No. 1105 Joseph St. Joseph Ward. one block out of City limits
(Usual place of abode)
Length of residence in city or town where death occurred 66 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8, 1869
7. AGE YEARS 66 MONTHS 2 DAYS 4 If LESS than 1 day, hrs. or min.

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. Home
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) De Kalb, Missouri

13. NAME William Phillips

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Co., Missouri

15. MAIDEN NAME Susan Taut

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

17. INFORMANT (ADDRESS) A. J. Montgomery, 1105 Joseph St., St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn DATE Aug. 24, 1935

19. UNDERTAKER (ADDRESS) Fred D. Stahl, 5025 King Hill Rd.

20. FILED Aug 24, 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22, 1935
22. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1934, to Aug. 22, 1935
I last saw her alive on Aug. 22, 1935. Death is said to have occurred on the date stated above, at 4:45 P.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus Date of onset unknown
Other contributory causes of importance: none

Name of operation none Date of none
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) Gustav A. Janney, M.D.
(Address) Kirkpatrick Bldg. 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.

