

OCT 17 1935

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85  
Township Washington Primary Registration District No. 1001 File No. 28753  
City St. Joseph (No. 1118 North Third) St. 448 Ward

2. FULL NAME

(a) Residence, No. 1118 no 3 rd St. Ward. (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
85 11 8

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) Wair County (STATE OR COUNTRY) Missouri

13. NAME John B. Stout

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

15. MAIDEN NAME Elizabeth Summers

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

17. INFORMANT (ADDRESS) Mrs. M. Elkins  
1118 no. 3 rd St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield DATE Sept 14 1935

19. UNDERTAKER (ADDRESS) G. G. Gidenfaden  
602 So. 10th St.

20. FILED 9-12-35 19. 35 John R. Bender Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11 1935

22. I HEREBY CERTIFY, That I attended deceased from September 11, 1935, to September 11, 1935, 1935

I last saw her alive on September 11, 1935 Death is said to have occurred on the date stated above, at 8 P. m.

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

Senility, chronic Myocarditis Date of onset May 27 1935

Other contributory causes of importance Cerebral Hemorrhage May 27 1935

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None, 1935

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 None Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify None  
(Signed) John R. Bender, M. D.  
(Address) 204. Chas. Smith 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.

