

65894

OCT 17 1935

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

Do not use this space.

.28777

1. PLACE OF DEATH

County Cochran Registration District No. 85
Township Washington Primary Registration District No. 1001
City St. Joseph (No. 1607 South 11th) St. _____ Ward _____

File No. _____
Registered No. 973 St. _____ Ward _____

2. FULL NAME Mrs. Elmira Sessions

(a) Residence, No. 1607 South 11th 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 27, 1869

7. AGE YEARS 65 MONTHS 11 DAYS 22 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. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Aurora (STATE OR COUNTRY) Illinois

13. NAME Amos Martin

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

15. MAIDEN NAME Jeanette Caselman

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

17. INFORMANT Mrs. Dorothy Jackson (ADDRESS) 1607 South 11th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn cemetery DATE Sept. 21, 1935

19. UNDERTAKER E. R. Sidenfaden (ADDRESS) 622 South 11th Street

20. FILED 9-20 1935 John K. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 19th 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-13 1935 to 9-19 1935

I last saw her alive on 9-18 1935 Death is said

to have occurred on the date stated above, at 10:40 A.M.

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

Endocarditis of mitral

Other contributory causes of importance _____

Arteriosclerosis

Name of operation _____ 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? _____ 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) O. S. Trauson, M. D.

(Address) 620 Francis St.

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.

