

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.

NOV 18 1935

31870

1. PLACE OF DEATH

County Buchanan Registration District No. 85 File No. 1010
Township St Joseph Primary Registration District No. 1001 Registered No. 1010
City St Joseph (No. Mc Joseph Hospital) St. Ward

2. FULL NAME

(a) Residence, No. 1517 Seymour St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 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 Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18 1907

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>28</u>	<u>3</u>	<u>13</u>	

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

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) Iowa

13. NAME Mc Neel

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Louis Speer (ADDRESS) St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Joseph DATE 10/2 35

19. UNDERTAKER Stanley Fun Home (ADDRESS) St Joseph Mo

20. FILED 10-2-35 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1 35

22. I HEREBY CERTIFY, That I attended deceased from Sept 27 1935 to Oct 1 1935, 1935
I last saw her alive on Sept 30 1935, 1935. Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:
Broncho-pneumonia Epidemic Septicemia Diphtheria

Other contributory causes of importance:
Hypertension with Chronic nephritis

Name of operation none Date of
What test confirmed diagnosis clinical 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.

Manner of injury
Nature of injury

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

(Signed) Clarence A. Bond, M. D.
(Address) St Joseph Mo

Phone 6-4971 M