

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

Do not use this space.

DEC 11 1935

35172

1. PLACE OF DEATH

County Washburn Registration District No. 85  
Township St Joseph Primary Registration District No. 1001  
City St Joseph (No. 115 W. Meade) St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. 1119  
St. \_\_\_\_\_ Ward)

2. FULL NAME

(a) Residence, No. 115 W Meade St. Washburn  
(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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
65 11 17

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in his occupation none

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

13. NAME unknown

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

15. MAIDEN NAME Lucy Weston

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

17. INFORMANT (ADDRESS) Ray Browning

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE Nov. 5 1935

19. UNDERTAKER (ADDRESS) James J. Mortuary

20. FILED 11-4-35

Registrar John L. Benda

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 2nd 1935

22. I HEREBY CERTIFY That I attended deceased from 1 Nov 1935 to 2 Nov 1935

I last saw her alive on 2 Nov 1935 Death is said to have occurred on the date stated above, at 6a m.

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

Senile Pneumonia  
Bronchial Type

Date of onset 28 Oct 35

Other contributory causes of importance: 1070

Name of operation None Date None  
What test confirmed diagnosis? bleeding 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. no

Manner of injury no  
Nature of injury no

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

(Signed) Ray Browning M. D.  
(Address) 34 1/2 W. Meade

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

