

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.

DEC 11 1935

35259

1. PLACE OF DEATH

County Leuehaman Registration District No. 101
Township St Joseph Primary Registration District No. 101
City St Joseph (No. Mo Mc Hospital) Registered No. 1230
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Filmore Mo St., _____ Ward. Filmore Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 30 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) Married

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

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1935, to Nov 19, 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 18 - 1885

I last saw her alive on 11 - 18, 1935. Death is said to have occurred on the date stated above, at 11:50 p.m.

7. AGE YEARS 50 MONTHS 8 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

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

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

Heart disease (arteriosclerosis) Diphtheria Myocarditis (ischemic)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home Work

Date of onset _____

10. Date deceased last worked at this occupation (month and year) Feb 15/35 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: Diphtheria 98C

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dearborn Missouri

Name of operation none Date of _____

13. NAME Leon Cropp

What test confirmed diagnosis? Truclay Was there an autopsy? no

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

15. MAIDEN NAME Emma Hickman

Where did injury occur? _____ (Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place. _____

17. INFORMANT (ADDRESS) Wesley Cole, Filmore Mo

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Filmore Mo DATE 11/21, 1935

Nature of injury _____

19. UNDERTAKER (ADDRESS) Fleemant Low Inc, St Joseph Mo

24. Was disease or injury in any way related to occupation of deceased? no

20. FILED 11-29, 1935 John R. Benda, Registrar

If so, specify _____

(Signed) John R. Benda M. D.

(Address) Phys & Surg Bldg

