

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Township St. Joseph

City St. Joseph

Registration District No. 85

Primary Registration District No. 1001

(No. State Hospital No. 2)

File No. 4708

Registered No. 252

St. Ward

2. FULL NAME

(a) Residence, No. State Hosp. #2 St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Richard Jung</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-13-1903</u>		
7. AGE YEARS <u>33</u>	MONTHS <u>0</u>	DAYS <u>8</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>
	10. Date deceased last worked at this occupation (month and year) <u>prior May 4, 1933</u>
	11. Total time (years) spent in this occupation <u> </u>

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

13. NAME W. L. McEart

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

15. MAIDEN NAME Annie Labe

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

17. INFORMANT State Hosp. #2 Records
(ADDRESS) St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brunswick Mo. DATE Feb 22, 1935

19. UNDERTAKER H. O. Sidenfaden
(ADDRESS) 1802 Union St. St. Joseph Mo

20. FILED 2-22-35 John A. Bender
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-21, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-9, 1936, to 2-21, 1936

I last saw her alive on 2-21, 1936. Death is said to have occurred on the date stated above, at 9:45 p. m.

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

Bronchopneumonia

Date of onset 2-17-36

Other contributory causes of importance:

Erysipelas

2-9-36

Name of operation Date of

What test confirmed diagnosis? 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) C. Braxton Davis, M. D.

(Address) State Hosp. #2

St. Joseph, Mo.

