

MAY 18 1936

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

Do not use this space.

14111

1. PLACE OF DEATH

County BuchananRegistration District No. 85Township St. JosephPrimary Registration District No. 1001City St. Joseph (No. State Hospital #2)File No. 507Registered No. 507St. Ward)

2. FULL NAME

(a) Residence, No. Buchanan Co St., Ward. (If nonresident, give city or town and State)Length of residence in city or town where death occurred 0 yrs. 4 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 18927. AGE YEARS 54 MONTHS DAYS If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City
New York13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Records - State Hosp #2
St. Joseph, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE State Hosp for Insane DATE April 6, 193619. UNDERTAKER (ADDRESS) Healon Bitzke & Bauman
319 So. 10th St - Surgical Home20. FILED 4-5, 1936 John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3, 193622. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1935, to April 3, 1936I last saw h. l. m. alive on April 3, 1936 Death is said to have occurred on the date stated above, at 7:00 p. m.

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

Bronchopneumonia

Date of onset

Other contributory causes of importance:
Generalized Arteriosclerosis
Hypertensive Heart DiseaseName of operation None Date of None
What test confirmed diagnosis Clin + Lab. Was there an autopsy? Yes23. 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? Yes
If so, specify (Signed) E. E. McLaugh, M. D.
(Address) State Hosp #2

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.

