

MAY 18 1936

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

Do not use this space.

14215

1. PLACE OF DEATH

County *Bowman*Registration District No. *85*

Township

Primary Registration District No. *1001*

City

St. Joseph (No.)File No.
Registered No. *616* (Ward)

2. FULL NAME

(a) Residence, No. *St. Joseph Mo. Med. Hospital* Ward. *Stewartville Mo.*

(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 *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *John Bauer*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar - 28 - 1863*7. AGE YEARS *73* MONTHS *0* DAYS *28* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

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) *Missouri*13. NAME *Simon Knorr*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Not known*15. MAIDEN NAME *Not known*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Not known*17. INFORMANT *Jennie V. Annis* (ADDRESS) *Stewartville*

18. BURIAL, CREMATION, OR REMOVAL

PLACED *Stewartville* DATE *Apr 28 1936*19. UNDERTAKER *St. Joseph Mo. Med. Hospital* (ADDRESS) *Stewartville Mo.*20. FILED *4/26 1936* *W. H. Notetush* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4-26 1936*22. I HEREBY CERTIFY, That I attended deceased from *4-17, 1936, to 4-26, 1936*, 193*6*I last saw h. or alive on *4-26, 1936*. Death is saidto have occurred on the date stated above, at *11:00 a.m.*

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

Heart disease City of St. Louis? Myocardial Infarction City of St. Louis

Other Contributory causes of importance:

*Arteriosclerosis Central Nephritis City of St. Louis?*Name of operation *None* Date ofWhat test confirmed diagnosis? *Tubercle* 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*36*

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) *W. H. Notetush* M. D.(Address) *307 E. 1st St. St. Joseph, Mo.*

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.

DEC 6 1944