

MAY 18 1936

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

Do not use this space.

14241

1. PLACE OF DEATH

County RushmoreRegistration District No. 85

Township

Primary Registration District No. 1001City St. Joseph, Mo.(No. 217 Powell)

File No.

Registered No. 644

St.

Ward)

2. FULL NAME

(a) Residence, No. 217 Powell St., Ward.

(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 <u>M</u>	4. COLOR OR RACE <u>col</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>Mrs Etta Mason</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 18 1848</u>		
7. AGE	YEARS <u>87</u>	MONTHS <u>6</u>
	DAYS <u>12</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>Porter</u>	
	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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Mo.</u>	
	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Mrs Etta Mason 217 Powell St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mary Cem</u> DATE <u>5-4-1936</u>		
19. UNDERTAKER (ADDRESS) <u>B. F. Higgins Funeral Home 731 7th St</u>		
20. FILED <u>May 4 1936</u> <u>A. J. Steelquist</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30 1936

22. I HEREBY CERTIFY, That I viewed deceased from May 3 1936 to , 1936.
I last saw in on May 3 1936. Death is said to have occurred on the date stated above, at 5A m.
The principal cause of death and related causes of importance were as follows:
Senility
Chronic fibrous myocarditis
Generalized arteriosclerosis

Date of onset	<u>1930</u>
	<u>1932</u>
	<u>1932</u>

Other contributory causes of importance:
Senility

Name of operation None Date of

What test confirmed diagnosis? Clinical 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) Cabrey Wilby, Jr. Crna, M. D.
(Address) 731 7th 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.

