

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUL 16 1936

1. PLACE OF DEATH

County Beechouan
Township St. Joseph
City St. Joseph (No. 1075 E Highland)

Registration District No. 85
Primary Registration District No. 1001

File No. 22027
Registered No. 794
St. Highland Ward 794

2. FULL NAME

(a) Residence, No. 1075 E Highland 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. 22 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 0 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Mo.

13. NAME Glen Basset

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McCook Mo.

15. MAIDEN NAME Clara Hockaday

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Mo.

17. INFORMANT (ADDRESS) Glen Basset St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Cem. DATE June 8 36

19. UNDERTAKER (ADDRESS) Blair Funeral Home St. Joseph Mo.

20. FILED June 8 1936 St. Joseph Mo. Registrar A. J. McElbush

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7 1936

22. I HEREBY CERTIFY, That I attended deceased from June 6 1936 to June 7 1936. I last saw her alive on June 6 1936. Death is said

to have occurred on the date stated above, 8:20 a.m.

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

Acute Capillary Bronchitis (Brocho Pneumonia) Date of onset 6/5/36

Other contributory causes of importance: None

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) Gordon Wright M.D. M. D.

(Address) 875 So. 19th St. St. Joseph, Mo.

