

JUL 16 1936

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

Do not use this space.

22031

1. PLACE OF DEATH

County..... Buchanan Registration District No. 85
Township.....
City..... St. Joseph (No. Missouri Methodist Hospital Primary Registration District No. 1001

File No.
Registered No. 798 Ward)

2. FULL NAME..... Mittie Mittie Lindensmith

(a) Residence, No. Buchanan Co. R.#5 St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Edward D. Lindensmith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 11 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
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) Dark Co. Ohio.

FATHER 13. NAME William F. Stose

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dark Co. Ohio.

MOTHER 15. MAIDEN NAME Elizabeth Grimm

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockingham Co. Va.

17. INFORMANT Edward D. Lindensmith
(ADDRESS) H.F.D.#5.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Auburn Cemetery DATE June 12, 1936

19. UNDERTAKER (ADDRESS) Walter Meierhofer
1302 Parson St. St. Joseph, Mo.

20. FILED June 17 36 H. J. Nestlerode
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1936 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15 1936 to June 9 1936
I last saw her alive on June 9 1936. Death is said to have occurred on the date stated above, at 9.30 m. P.M.
The principal cause of death and related causes of importance were as follows:

Pernicious Anemia
Diabetes Mellitus

Date of onset

Other contributory causes of importance:

Name of operation no Date of

What test confirmed diagnosis? Chemical Was there an autopsy? Yes

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) Albert H. Muesch, M. D.
(Address) Phys. & Surg. Bldg., St. Joseph, Mo.

