JUL 24 1936

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

Do not use this space.

23020

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 2552

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. St. Joseph Hosp. St. Ward)

2. FULL NAME Sister Electa Joseph (Wilson)

(a) Residence, No. St. Joseph Hosp. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe.
4. COLOR OR RACE: Wh.
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) About 80 Years

7. AGE: YEARS about 80 years; MONTHS; DAYS; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Catholic Nun
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) Louisiana

FATHER

13. NAME No Data
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

MOTHER

15. MAIDEN NAME No Data
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

17. INFORMANT (ADDRESS) Sisters of St. Joseph St. Joseph Hosp.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mary's Cem. DATE 6/22/36 19

19. UNDERTAKER (ADDRESS) W. F. Mayberry City

20. FILED 6/21 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20th. 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/23/36 19 to 6/20/36, 19

I last saw her alive on 6/20/36, 19 Death is said to have occurred on the date stated above, at 10:50AM.

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

Senility

Date of onset

111B

Other contributory causes of importance: Oedema of lungs.

Name of operation none Date of

What test confirmed diagnosis? Cancel 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) Joseph [illegible], M. D.

(Address) 925 Wyle

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of [illegible]