

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.

AUG 15 1936
MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

25536

1. PLACE OF DEATH

County Buchanan
 Township St. Joseph
 City St. Joseph (No. 507 Middleton)

Registration District No. 85
 Primary Registration District No. 1001

File No.
 Registered No. 894
 St. Ward)

2. FULL NAME

(a) Residence, No. 507 Middleton Ward. (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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30, 1909

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

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.
 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) St. Joseph, Mo.

FATHER 13. NAME Henry E. Revell

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

MOTHER 15. MAIDEN NAME Felker

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

17. INFORMANT (ADDRESS) Henry E. Revell

18. BURIAL, CREMATION, OR REMOVAL PLACE Westbury Cem. DATE 7-6-36

19. UNDERTAKER (ADDRESS) St. Joseph Funeral Home

20. FILED 7-6-36 St. Joseph, Mo. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 1936

22. I HEREBY CERTIFY, that I attended deceased from June 9, 1936 to July 5, 1936
 I last saw him alive on July 5, 1936 Death is said

to have occurred on the date stated above, at St. Joseph, Mo.
 The principal cause of death and related causes of importance were as follows:

Congenital obstruction of bile ducts. Date of onset

Other contributory causes of importance: 15761

Name of operation 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) Pereri Beck, M. D.
 (Address) St. Joseph, Mo.

