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.

25573

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township Washington — Primary Registration District No. 1001 — Registered No. 931

City St. Joseph, (No. Memorial Home, St. Ward)

2. FULL NAME Virginia M. Deutsch,

(a) Residence, No. 1120 No. Main St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 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): Widowed,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8, 1847

7. AGE — YEARS 88 — MONTHS 10 — DAYS 6 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,

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) Hanover County, Virginia,

FATHER

13. NAME Thomas P. Armstrong,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

MOTHER

15. MAIDEN NAME Mary Bolin,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

17. INFORMANT (ADDRESS) St Joseph, Mo. Memorial Home Records,

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Auburn Cem. DATE July 16th 1936

19. UNDERTAKER (ADDRESS) Heaton-Bergale & Bowman 319 So. 10th St. Funeral Home

20. FILED July 16 1936 H J Nettlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1936, to July 14, 1936

I last saw her alive on July 14 1936. Death is said to have occurred on the date stated above at 4:10 p.m.

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

Cerebral Hemorrhage — Date of onset 2 wks

82 a 1

Other contributory causes of importance:

Arterio-sclerosis General (?)

Name of operation ✓ Date of ✓

What test confirmed diagnosis? findings 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) H W Carter, M. D.

(Address) 301 Bl S Bldg -