NOV 20 1936

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

Do not use this space.

33765

1. PLACE OF DEATH

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

Township — Primary Registration District No. 1001 — Registered No. 1238

City St. Joseph (No. 1806 Clay St. St. Ward)

2. FULL NAME Mabel Mirt.

(a) Residence, No. 1806 Clay St. 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. 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): Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About. 1896.

7. AGE: YEARS 40 — MONTHS Unknown. — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.
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) Sept 27, 1936
11. Total time (years) spent in this occupation 2Mos

12. BIRTHPLACE (CITY OR TOWN) Unknown. (STATE OR COUNTRY) Unknown.

FATHER

13. NAME Unknown.
14. BIRTHPLACE (CITY OR TOWN) Unknown. (STATE OR COUNTRY) Unknown.

MOTHER

15. MAIDEN NAME Unknown.
16. BIRTHPLACE (CITY OR TOWN) Unknown. (STATE OR COUNTRY) Unknown.

17. INFORMANT (ADDRESS) Mrs George Richardson. 1806 Clay Street.

18. BURIAL, CREMATION, OR REMOVAL City Cemetery.
PLACE St. Joseph Mo. DATE Oct 22, 1936

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden. 1802 Union St. St. Joseph Mo.

20. FILED Oct 21 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 28 1936

22. I HEREBY CERTIFY, That I ~~attended~~ autopsied deceased from Sept 28, 1936, to ....., 19....

I last saw her alive on ....., 19.... Death is said to have occurred on the date stated above, at 11:00 A.M. Found Dead.

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

Chronic Myocarditis & aneurysm of aorta

Date of onset

Other contributory causes of importance: no facts No

Name of operation none Date of

What test confirmed diagnosis? Autopsy 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) Forrest Thomas Coroner, M. D.

(Address) 731 Faraon

WHITE 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.

I X7294