

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.

NOV 20 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

36725

1. PLACE OF DEATH

County Buchanan,Registration District No. 85

Township

St. Joseph,Primary Registration District No. 100

City

St. Joseph,(No. 106 East Moose,File No. 1248Registered No. 1248St. St.Ward Ward

2. FULL NAME

Harriett Evaline Honeycutt(a) Residence, No. 106 East Moose,St. St.Ward. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 48 yrs.

mos.

ds.

How long in U. S., if of foreign birth? 48 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 OFIsiah Honeycutt6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 4, 1847

7. AGE

YEARS

88

MONTHS

11

DAYS

28

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) October 192611. Total time (years)
spent in this
occupation 5012. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Buchanan County,
Missouri,

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT

(ADDRESS)

Alvin Honeycutt
106 East Moose Street,

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Bethel Cemetery Oct. 5 1936

19. UNDERTAKER

(ADDRESS)

Heaton: Beale Bowman
319 So. 10th. St. Tammam

20. FILED

10-5

1936

J. H. Neff

Regist.

Regist.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from

9-29-36 to 10-2-36I last saw him alive on 10-2-36 Death is saidto have occurred on the date stated above, at 9:45 a.m.

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

Date of onset

Myocardial Insufficiency 9/29/36

Other contributory causes of importance:

ArteriosclerosisInfluenzaBacterial PneumoniaName of operation Plum Date of 10/2/36What test confirmed diagnosis? Plum Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury 19Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoNature of injury No24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify No(Signed) C. H. Neff M. D.(Address) 120 Franklin St.

Bramson

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