

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

Do not use this space.

36728

File No. _____
Registered No. **1251** St. _____ Ward _____

1. PLACE OF DEATH

County Buchanan Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Joseph (No. State Hospital #2 St. _____ Ward _____)

2. FULL NAME

(a) Residence, No. State Hosp #2 St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 15 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Grace Babcox Shields

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-24-1872

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. min.
	<u>64</u>	<u>0</u>	<u>9</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. State Hospital #2

10. Date deceased last worked at this occupation (month and year) October 1936 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) Pionesta, Penn (STATE OR COUNTRY) Pennsylvania

13. NAME James Shields

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

15. MAIDEN NAME Helen Sibbald

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

17. INFORMANT wife - 5833 Highland (ADDRESS) K.C. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo DATE October 3, 1936

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

20. FILED Oct 5 1936 H. J. Nestlund Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-3 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-3 1936 to 10-3 1936

I last saw him alive on 10-3-36 Death is said to have occurred on the date stated above, at 2 p.m.

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

Coronary Occlusion Date of onset _____

Other contributory causes of importance: ARB

Name of operation _____ Date of _____
What test confirmed diagnosis? EKG 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) E. Braxton Davis, Jr. M. D.
(Address) State Hosp #2, St. Joseph

WRITE 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.

MARGIN RESERVED FOR BINDING

