

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

Do not use this space.

67 NOV 20 1936

36800

1. PLACE OF DEATH

County Buchanan
Township St. Joseph Mo
City St. Joseph Mo (No. State Hospital # 2)

Registration District No. 85
Primary Registration District No. 1001

File No.
Registered No. 1329 St. Ward)

2. FULL NAME

(a) Residence, No. St. Joseph Mo 515 Franklin St. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4 - 1867
7. AGE YEARS 69 MONTHS 2 DAYS 16 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work
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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20 1936
22. I HEREBY CERTIFY, That I attended deceased from Nov 3 1936, to Dec 20 1936
I last saw him alive on Dec 20 1936 Death is said to have occurred on the date stated above, at 5:20 a.m.
The principal cause of death and related causes of importance were as follows:

Senile Myocardial Failure Date of onset 28

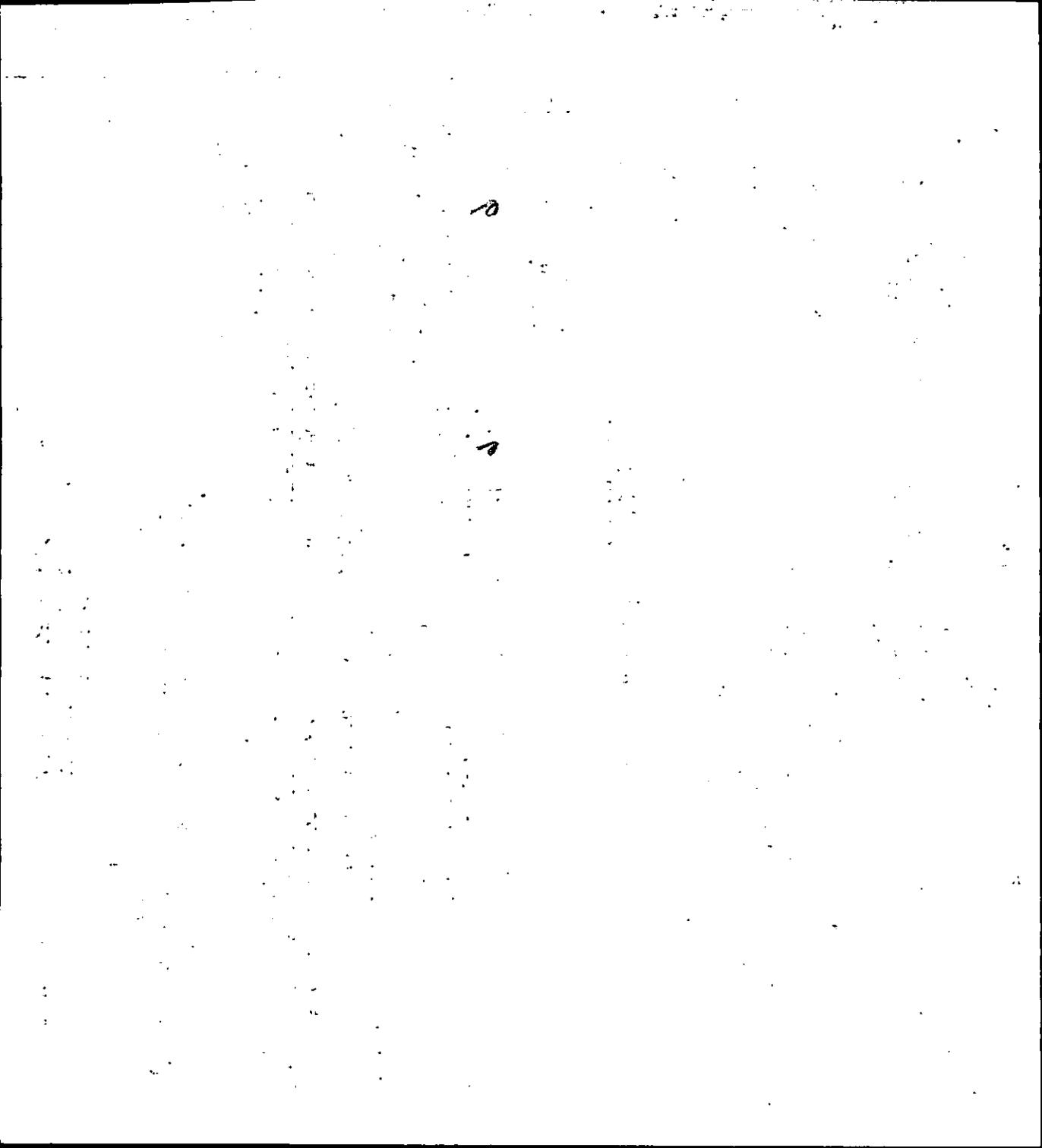
Other contributory causes of importance
Senility
Name of operation None Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury ✓ 1936
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 None
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify 1
(Signed) James J. Kennedy M. D.
(Address) 736 Geneva

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
13. NAME Winters
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
15. MAIDEN NAME Winters
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
17. INFORMANT (ADDRESS) St. Joseph Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph Mo DATE Oct 21 1936
19. UNDERTAKER (ADDRESS) Lucian Davis
20. FILED Oct 20 1936 J. H. Williams Registrar.

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.



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1. PLACE OF DEATH

County Buchanan
Township St. Joseph
City St. Joseph (No. _____, _____, _____)

Registration District No. 85
Primary Registration District No. 1001

File No. _____
Registered No. 1329
St. _____ Ward _____

2. FULL NAME

Mellissie E. Neaves

(a) Residence, No. _____ 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

5. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 69 2 16

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. _____

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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED JAN 19 1937 J. Nestlebuch Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Senile Myocardial Failure Date of onset _____

Chronic Myocarditis

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify (Signed) Forest Thomas, M. D.

(Address) _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENT

S-26800