

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

Do not use this space.

8: DEC 18 1936

40402

1. PLACE OF DEATH

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

Registration District No. 85
Primary Registration District No. 1001 #2

File No. _____
Registered No. 1378
St. _____ Ward _____

2. FULL NAME

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

Length of residence in city or town where death occurred 0 yrs. 9 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>about 65</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>

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

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) Kentucky

13. NAME Jim Berry

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

15. MAIDEN NAME Jane Carter

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

17. INFORMANT (ADDRESS) Keo do State Hosp St Joseph 770

18. BURIAL, CREMATION, OR REMOVAL PLACE State Hosp. No. 2 DATE 11/4/36.

19. UNDERTAKER Grave Funeral home (ADDRESS) 806 South 17th Street.

20. FILED Nov. 4, 1936 St. Joseph Registrar.

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

I HEREBY CERTIFY, That I attended deceased from Feb 3 1936 to Nov 2 1936.
I last saw her alive on Nov 2 1936 Death is said to have occurred on the date stated above, at 4:30 p. m.
The principal cause of death and related causes of importance were as follows:

Pseudo-meningeal Epilepsy, Cyst adenoma Right Ovary Prior 2/3/36

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

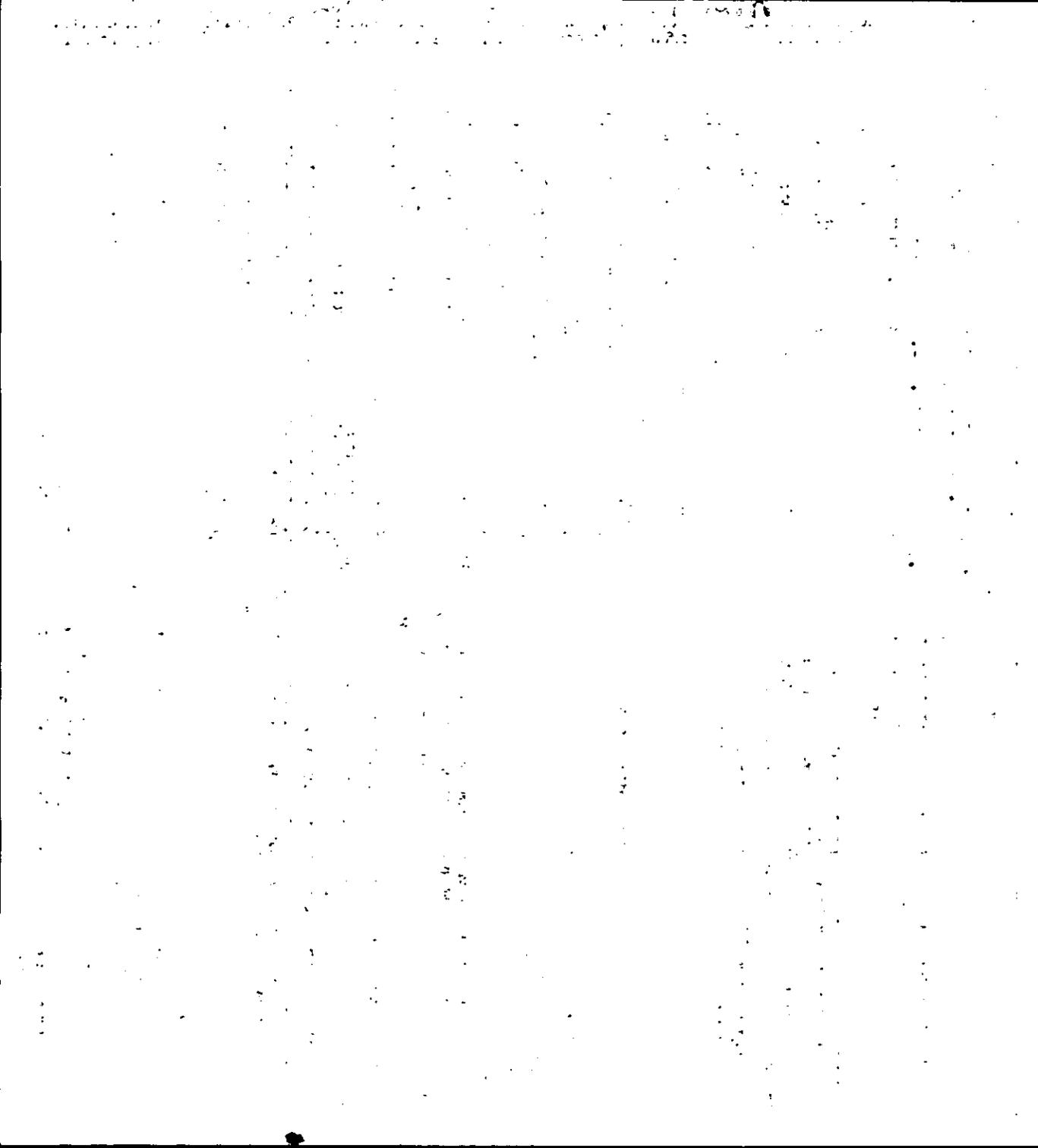
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of Injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) W. Clifton Smith M. D.
(Address) St. Joseph

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

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph (No.)

File No.

Registered No. 1378

St. Ward)

2. FULL NAME Mary Harn

(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 col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8 1936

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

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

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

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

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

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

8. Trade, profession, or particular kind of work done, as spinner, 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)

Pseudo malignancy
Capillary cyst adenoma
Right primary
Papillary (cyst) adenocarcinoma

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

Other contributory causes of importance:
Malignant

13. NAME

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

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

15. MAIDEN NAME

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?, 19....

Where did injury occur? (City or town, county, and State)

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

17. INFORMANT (ADDRESS)

Manner of injury

Nature of injury

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

19. UNDERTAKER (ADDRESS)

(Signed) Mr. Clayton Smith, M. D.

20. FILED FEB 3 1937

(Address) St. Joseph

A. Weckbach
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.

SUPPLEMENTAL

5-40402

