

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.

DEC 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County CrichmanRegistration District No. 85

Township

Primary Registration District No. 1001

City

St Joseph Mo in State Hospital #2

File No.

40441

Registered No.

1421

St.

Ward)

2. FULL NAME

(a) Residence, No. Kansas City Mo St. 3116 Park Ward. Kansas City Mo
(Usual place of abode)Length of residence in city or town where death occurred 0 yrs. 5 mos. 4 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)

Widow

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

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

Est 1876

7. AGE

60

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Housewife

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)

Iowa

FATHER

13. NAME

unk

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

Iowa

MOTHER

15. MAIDEN NAME

unk

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

Iowa

17. INFORMANT (ADDRESS)

State Hosp #2

18. BURIAL, CREMATION, OR REMOVAL

PLACE

State Hosp #2

DATE

Nov. 17, 1936

19. UNDERTAKER (ADDRESS)

FREEMAN AND SON INC. 1946 Calhoun St. Joseph, Mo

20. FILED

Nov 18, 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from

June 12, 1936 to Nov 15, 1936I first saw her alive on Nov 14, 1936 Death is saidto have occurred on the date stated above, at 1:45 a. m.

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

Chronic MyocarditisDate of onset June 1936 plus

Other contributory causes of importance

Name of operation None Date ofWhat test confirmed diagnosis? Chn. Lab. 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. G. DeLany M. D.(Address) State Hospital #2

