

DEC 18 1936

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

Do not use this space.

40487

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. Joseph

Registration District No. 85
Primary Registration District No. 1201

File No. _____
Registered No. 1488
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Grant St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 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) Child Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6-1931

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
5 YEARS 7 MONTHS 20 DAYS

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant City, Missouri

13. NAME J. J. Ray

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant City, Missouri

15. MAIDEN NAME Laura Hall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Co. Missouri

17. INFORMANT (ADDRESS) Mrs. J. J. Ray, no. 1124 Grant City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Grant City, Mo. 11/24/36

19. UNDERTAKER (ADDRESS) St. Joseph & Co., 1124 Grant City, Mo.

20. FILED Nov 26 1936 H. J. Hestlebach Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1936, to Nov 26, 1936

I last saw him alive on Nov 26, 1936. Death is said to have occurred on the date stated above, at 5:30 A. m.

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

Typhoid fever Date of onset Nov 8, 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) H. C. Petersen, M. D.

(Address) 706 Francis St Joseph, Mo.

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.

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