

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

Do not use this space.

43792

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

File No. _____

Township _____

Primary Registration District No. 1001

Registered No. 1484

City St. Joseph Mo (No. Mo. Mello Hospital)

St. _____ Ward _____

2. FULL NAME

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

St. _____ Ward _____

Braham Mo.
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 11 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 1912

7. AGE YEARS 24 MONTHS 5 DAYS 4 IF LESS than 1 day, _____ hrs. or _____ min.

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) Wright Mo

MOTHER 13. NAME Alex Sheumaker

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

15. MAIDEN NAME Cora Belcher

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

17. INFORMANT Farrell Dougan (ADDRESS) Braham Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Braham Mo DATE Dec 4 1936

19. UNDERTAKER Campbell Funeral Home (ADDRESS) 951 South Main Marquette Mo.

20. FILED Dec 2 1936 H. J. Woodruff Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1936, to Dec 2, 1936

I last saw him alive on Dec 2 1936. Death is said to have occurred on the date stated above, at 3 P.M.

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

Bronchial pneumonia
Typhoid fever

Date of onset Nov 27
Nov 1st

Other contributory causes of importance:

Typhoid

Name of operation _____ Date of _____

What test confirmed diagnosis? Tidal 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) H. S. Sanford, M. D.

(Address) 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.

