

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Do not use this space.

124 ~~201~~ 8 1937

43868

1. PLACE OF DEATH

County Buchanan
Township St Joseph
City St Joseph

Registration District No. 85
Primary Registration District No. 1001
(No. State Hospital #2)

File No. _____
Registered No. 1564
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Maysville Mo
(Usual place of abode) (If non-resident, give city or town and State)
Length of residence in city or town where death occurred 12 yrs. 10 mos. 13 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) Divorced
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
About 49 - -

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) unknown

13. NAME Charles Clay Truibe

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

15. MAIDEN NAME Walter Jane Cowley

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

17. INFORMANT Lee Stiles Hooper
(ADDRESS) St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Amity Mo DATE 12-24-36

19. UNDERTAKER J. H. Gilches
(ADDRESS) Maysville Mo

20. FILED 12-23, 1936 H. J. Nestlebusch
Regist.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 22 1936
22. I HEREBY CERTIFY, That I attended deceased from Feb 9 1924 to Dec 22 1936
I last saw him alive on Dec 22 1936 Death is said to have occurred on the date stated above, at 5:50 p. m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
prior July 22 1935

Other contributory causes of importance:
Acute Abdominal Pain

Name of operation _____ Date of _____
What test confirmed diagnosis? None 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 and injury occurred _____ (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) Dr. Clayton Smith, M. D.
(Address) State Hospital #2
St Joseph Mo

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.

