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

JAN 8 1937

Do not use this space.

43875

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph (No. St. Joseph Hospital St. Ward)

File No.

Registered No. 1571

2. FULL NAME Vallie Virginia George

(a) Residence, No. 3201 So. 22nd. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

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: Albert George

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 14 1869

7. AGE: YEARS 67 — MONTHS 10 — DAYS 9 — 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.: At Home,

10. Date deceased last worked at this occupation (month and year): December 1936.

11. Total time (years) spent in this occupation: 41

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Easton Mo. Missouri,

FATHER

13. NAME: John Keys

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Va.

MOTHER

15. MAIDEN NAME: Martha Woodard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Ohio

17. INFORMANT (ADDRESS): Albert George 3201 So 22nd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cem. DATE Dec. 28, 1936

19. UNDERTAKER (ADDRESS): Weston Belfole & Bowman 319 So 10th St.

20. FILED 12-28 1936 H. J. Nestlebush By J. C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12/23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 22 36, to Dec 23 36

I last saw her alive on Dec 23, 1936. Death is said to have occurred on the date stated above, at 3:45 P.m.

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

Diabetes Mellitus — [illegible]

Date of onset

Other contributory causes of importance:

Diabetes Coma — Dec 22 36

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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) John J. Byrne, M. D.

(Address) 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.

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

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