

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.

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

Do not use this space.

125

JAN 18 1937

43878

**1. PLACE OF DEATH**

County Richmond

Registration District No. 85

Township St. Joseph Mo

Primary Registration District No. 1001

City St. Joseph Mo (No. St. Joseph Hospital # 2)

File No. \_\_\_\_\_

Registered No. 1574

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. 8 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. Hale mo  
(If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
About 75 - -

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

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) Paton Ohio

13. NAME Mr. Sloane

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland 1

15. MAIDEN NAME Charlotte Gibson

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

17. INFORMANT (ADDRESS) State Hosp. Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Whigging Mo DATE 17 1937

19. UNDERTAKER (ADDRESS) Jas. D. Gorman

20. FILED Dec 26 1936 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24 1936

22. I HEREBY CERTIFY, That I attended deceased from June 16 1936 to Dec 24 1936

I last saw him alive on Dec 23 1936. Death is said to have occurred on the date stated above, at 2:30 a.m.

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

Chronic Myocarditis Indurata Date of onset \_\_\_\_\_

Other contributory causes of importance:

Smoking

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Chem Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? NI 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 NI

Nature of injury NI

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify \_\_\_\_\_

(Signed) E. G. G. G. G. M. D.

(Address) St. Joseph Mo

