

JUL 16 1936

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township St Joseph Primary Registration District No. 1001
City St Joseph (No. Westless Hospital) St. _____ Ward _____

File No. 48414
Registered No. 787

2. FULL NAME

(a) Residence, No. 2825 No 16 St, St. _____ Ward _____
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3rd 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
11 yrs 10 mos 10 days

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. No
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No
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) St Joseph Mo

13. NAME Geo Subbany

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

15. MAIDEN NAME Beatrice Dunn

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

17. INFORMANT Dr W J Stacey (ADDRESS) St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Joseph DATE 6/4 1936

19. UNDERTAKER J F Blumley (ADDRESS) St Joseph Mo

20. FILED 6/4 1936 W J Stacey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3rd 1936

22. I HEREBY CERTIFY That I attended deceased from at birth on June 3, 1936.
I last saw h. _____ alive on _____ 19 _____. Death is said to have occurred on the date stated above, at 3:46 m.
The principal cause of death and related causes of importance were as follows:

Intrauterine asphyxia
Cerebral hemorrhage
Other contributory causes of importance:
Brow presentation
Version & Extraction

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) Walter T. Stacey, M. D.
(Address) Kirkpatrick Bldg
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.

