

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

Do not use this space.

2 JUN 17 1937

19456

1. PLACE OF DEATH

11 County Buchanan Registration District No. 30
Township _____ Primary Registration District No. _____
4 City St. Joseph (No. State Hospital #2)

File No. _____
Registered No. 547
St. _____ Ward _____

2. FULL NAME

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

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

Length of residence in city or town where death occurred 3 yrs. 9 mos. 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 H.H. Preston (Hugh)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-21-1894

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>43</u>	<u>10</u>	<u>2</u>	<u>16</u>	

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 California

13. NAME John L. Thomas

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) State Hosp. Records #2. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE May 8, 1937

19. UNDERTAKER (ADDRESS) H.O. Sidenfaden & Son 1802 Union Str. St. Joseph, Mo.

20. FILED 5/7 1937 H. J. Matthews Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-7 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1935, to 5-7, 1937

I last saw her alive on 5-7-37, 19____ Death is said to have occurred on the date stated above, at 7:40 a.m.

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

Lobar pneumonia Date of onset 5-3-37

Other contributory causes of importance: 105

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) E. B. Sinton State Hospital #2 St. 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.

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