

AUG 19 1937

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

Do not use this space.

26707

1. PLACE OF DEATH

County Dickinson

Registration District No. 85

Township St. Joseph

Primary Registration District No. 1001

City St. Joseph

File No. 795

Registered No. 795

St. 2

Ward

2. FULL NAME

(a) Residence, No. 2728 Delaware
(Usual place of abode)

Length of residence in city or town where death occurred

yrs. 5 mos. 9 ds.

How long in U. S., if of foreign birth?

yrs. 1 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George G. Street

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1913 to July 15, 1937

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

I last saw her alive on July 9, 1937 Death is said to have occurred on the date stated above, at 1230 a

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 2

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

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

adenocarcinoma of hepatic duct of liver prior 1-1-37

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

Other contributory causes of importance:

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

Name of operation None Date of None

13. NAME Underscore

What test confirmed diagnosis? clinical Was there an autopsy? yes

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None, 19 None

15. MAIDEN NAME Underscore

Where did injury occur? None (Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) State Hosp

Manner of injury None

18. BURIAL, CREMATION, OR REMOVAL PLACE State Hosp DATE 6/16 19 37

Nature of injury None

19. UNDERTAKER (ADDRESS) C. P. Sigler

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

20. FILED July 17, 1937 A. J. Neelbush Registrar.

If so, specify None (Signed) C. P. Sigler M. D.

(Address) State Hosp

WHITE PLAIN, 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.

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