

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

Do not use this space.

SEP 15 1937

30164

1. PLACE OF DEATH

County St. Joseph
Township
City St. Joseph, Mo. (No. St. Joseph # 2)

Registration District No. 85
Primary Registration District No. 1001

File No. _____
Registered No. 891 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Kingston Mo.
(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF <u>J. A. Jones</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 19, 1877</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>60</u>	<u>60</u>	<u>4</u>	<u>26</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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) Missouri

FATHER 13. NAME John Schuster

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

MOTHER 15. MAIDEN NAME Amanda Aetman

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT J. B. Jones (ADDRESS) Kingston Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Kingston Mo DATE 8-16 1937

19. UNDERTAKER Palmbe to black (ADDRESS) Kingston Mo

20. FILED Aug 15 1937 H. J. Kestelbaum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 15th 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 12 1937, to Aug 15 1937. I last saw h. & n. alive on Aug 15th 1937. Death is said to have occurred on the date stated above, at 11:30 A.M.

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

Other contributory causes of importance: Obesity

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. E. DeLong M. D.
(Address) State Hosp. road 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.

