

OCT 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Luchanan
Township
City St Joseph

Registration District No. 85
Primary Registration District No. 1001
(No. St Joseph Hospital)

File No. 33720
Registered No. 1029
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1910 70 20 St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred Life 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 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 Francis D Meade

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 1905

7. AGE YEARS 32 MONTHS 2 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

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

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) St Joseph MO

13. NAME James T Miles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bethany MO

15. MAIDEN NAME Sarah Ford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milan MO

17. INFORMANT Francis D Meade
(ADDRESS) St Joseph MO

18. BURIAL, CREMATION, OR REMOVAL Memorial Park DATE 9-24 1937

19. UNDERTAKER Barry - Wylie
(ADDRESS) St Joseph MO

20. FILED 9-23 1937 A. W. Winkler
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-21-1937

22. I HEREBY CERTIFY, That I attended deceased from 9-17- 1937, to 9-21 1937

I last saw her alive on 9-21- 1937. Death is said to have occurred on the date stated above, at 6:30 PM.

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

Post Operative shock. Date of onset 9-19-37

Other contributory causes of importance:
Operation for fibroid tumor of endometrium
Cyst

Name of operation Hysterectomy Date of 9-25-37

What test confirmed diagnosis? Operation 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 _____, 1937

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) Paul Ferguson, M. 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.

62057