

NOV 15 1937

346

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

Do not use this space.

37136

1. PLACE OF DEATH

County Buchanan
Township St. Joseph
City St. Joseph (No. STATE HOSPITAL #2)

Registration District No. _____
Primary Registration District No. _____

File No. _____
Registered No. 1111
City _____ Ward _____

2. FULL NAME

(a) Residence, No. 2811 So 21st St. _____ Ward _____
(Usual place of abode) St. Joseph, Mo

Length of residence in city or town where death occurred 28 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 <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>JOHN Craft</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>APRIL 8, 1852</u>		
7. AGE	YEARS <u>85</u>	MONTHS <u>6</u>
	DAYS <u>0</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housework</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>HOME</u>	
	10. Date deceased last worked at this occupation (month and year) <u>UNK.</u>	11. Total time (years) spent in this occupation <u>UNK.</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio AL. OHIO FULTON CO.</u>		
FATHER	13. NAME <u>Conrad Coder</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pa.</u>	
MOTHER	15. MAIDEN NAME <u>? CATHERINE BARNES</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pax NEW YORK</u>	
17. INFORMANT <u>State Hospital Records.</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>ASHLAND CEMETERY</u> , DATE <u>OCT. 12, 1937</u>		
19. UNDERTAKER <u>FLEEMAN & SON INC.</u> (ADDRESS) <u>1946 COLHOUN ST. ST. JOSEPH, MO</u>		
20. FILED <u>10-11</u> , 19 <u>37</u> <u>H. J. Nestlebaum</u> <u>By J.C. Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1937, to 10-8, 1937.
I last saw her alive on 10-8, 1937. Death is said to have occurred on the date stated above, at 10:45 a.m.
The principal cause of death and related causes of importance were as follows:
Brachopneumonia

Other contributory causes of importance: Senility

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) B. Braxton Dove, H. M. D.
(Address) State Hospital #2
St. Joseph

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.

