

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

Do not use this space.

NOV 15 1937

1. PLACE OF DEATH

County **BUCHANAN**
 Township **WASHINGTON**
 City **ST. JOSEPH**

Registration District No. **35**
 Primary Registration District No. **1001**
 (No. **2707 S. 24TH.**)

File No. **37145**
 Registered No. **1121**
 (City) (Ward)

2. FULL NAME **FLORA RUTH TRANT**

(a) Residence, No. **2707 S. 24TH.** St. Ward.

Length of residence in city or town where death occurred **35** yrs. **3** 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

MEDICAL CERTIFICATE OF DEATH

3. SEX **FEMALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MARRIED**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **OCT. 10TH.** 19**37**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **JAMES A. TRANT**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 16** 19**37** to **Oct 10** 19**37**
 I last saw h. ER. alive on **Oct 10** 19**37** Death is said to have occurred on the date stated above, at **11.45** p.m.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **FEB. 4TH. 1878**
 7. AGE¹ YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
35 59 8 6

Chronic Myocarditis (Date of onset ?)

OCCUPATION 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.

Other contributory causes of importance:

Acute gastro-enteritis Oct 1-1937

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **UNKNOWN TEXAS.**

Name of operation Date of
 What test confirmed diagnosis? *Clinical* Was there an autopsy? **no**

FATHER 13. NAME **T. P. YOUNG**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **UNKNOWN ALABAMA**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

MOTHER 15. MAIDEN NAME **RUTH GIBSON**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **UNKNOWN FLORIDA.**

Manner of injury
 Nature of injury

17. INFORMANT **JAMES A. TRANT**
 (ADDRESS) **2707 S. 24TH. ST. JOSEPH, MO.**

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

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **MT. OLIVE TROY, KA N.** DATE **OCT. 13TH. 1937**

19. UNDERTAKER **FLEEMAN & SON, INC.**
 (ADDRESS) **1946 CALHOUN ST. JOSEPH MO.**

If so, specify
 (Signed) *Resoi Bark* M. D.
 (Address) *King Hill Bldg. St. Joseph, Mo.*

20. FILED **10/12 1937** Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state exactly.

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