NOV 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 2 — File No.: 37235

Township: — Primary Registration District No.: — Registered No.: 1211

City: St. Joseph. (No. 1304 Felix St. St. Ward)

2. FULL NAME Isabelle Himelrich

(a) Residence, No. 1304 Felix St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William C. Himelrich

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 9, 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	78	8	22	

OCCUPATION

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): Washington Co. Iowa.

FATHER

13. NAME: William H. Priest

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk. Ohio.

MOTHER

15. MAIDEN NAME: Isabelle Newland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk. Va.

17. INFORMANT (ADDRESS): Miss Ada Himelrich 1304 Felix St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Auburn Cemetery DATE: Nov. 2, 1937, 19

19. UNDERTAKER (ADDRESS): Walter Maierhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED: Nov 2 1937 H. J. Nestlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 31, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 1925 to Oct 31 - 1937

I last saw her alive on Oct 21, 1937 Death is said to have occurred on the date stated above, at 2.45 m. P.M.

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

Senility — Date of onset: yrs.

Other contributory causes of importance:
Diabetes Mellitus
Arteriosclerosis
Hypertension

Name of operation: none 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) L. Dusser, M. D.
(Address) Kirkpatrick Bldg. 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.