

DEC 14 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

Township

Primary Registration District No. 100

City South St Joe (No. 212 Texas Ave)

File No. 40660

Registered No. 1215

St. _____ Ward _____

2. FULL NAME Jane Ann Kemery

(a) Residence, No. 212 Texas Ave St. _____ Ward _____
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF — child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 27 - 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) South St Joe Mo

13. NAME Ellis Kemery

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Taylor Co Iowa

15. MAIDEN NAME Andra Estes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poundville Mo

17. INFORMANT (ADDRESS) Alix Kemery 212 Texas Ave St Joe

18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah DATE 11-3-37

19. UNDERTAKER (ADDRESS) J. E. Breit Savannah Mo

20. FILED Nov 2 1937 A. J. Kuttelbusch Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-2-1937

22. I HEREBY CERTIFY, That I attended deceased from October 27, 1937, to November 2, 1937

I last saw h. her alive on November 2, 1937 Death is said to have occurred on the date stated above, at 12 p.m.

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

Pneumonia
toxin
108

Date of onset 0431

Other contributory causes of importance: Cardiac failure

Name of operation _____ Date of _____
What test confirmed diagnosis? Stethoscope 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) Newa M. Stedley M. D.

(Address) Savannah Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE VERY IMPORTANT. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

109

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

40660
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township _____ Primary Registration District No. 109 Registered No. 1215
(c) City South St. Joe (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Jane Ann Kemery St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 5-

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER

13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____ 19__ Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 - 2 1932

22. I HEREBY CERTIFY, That I attended deceased from _____ 19__ to _____ 19__

I last saw h_____ alive on _____, 19__ Death is said to have occurred on the date stated above, at _____ m.

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

Pneumonia
108
Other contributory causes of importance:
Cardiac failure. There was no congenital abnormality of heart that I could find.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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?
If so, specify _____

(Signed) Wesley M. Steidley M. D.
(Address) Savannah Geo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

PROPERTY OF MISSOURI STATE BOARD OF HEALTH - STATE DEPARTMENT OF HEALTH - THIS STATEMENT OF OCCURRENCE IS VERY IMPORTANT.

