

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JAN 19 1938

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

Do not use this space.

14

1. PLACE OF DEATH

11
5
7

County Buchanan
Township St. Joseph
City St. Joseph (No. State Hospital 2)

Registration District No. 85
Primary Registration District No. 1001

File No. 44835
Registered No. 44
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Jackson Co. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Jackson Co. Mo.
(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 8, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 9 4

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 205

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) Illinois |

13. NAME Andrew Struble |

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio |

15. MAIDEN NAME Sarah Stout

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Hosp. Records.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kans. City Kans. DATE 1-12 1938

19. UNDERTAKER Hughes Funeral Home

(ADDRESS) R. C. K. & J. W. Woodruff

20. FILED 1-12 1938 R. C. K. & J. W. Woodruff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12, 1938

22. I HEREBY CERTIFY That I attended deceased from June 1, 1937, to Jan. 13, 1938

I last saw her alive on Jan. 11, 1938. Death is said

to have occurred on the date stated above, at 8:54 a.m.

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

Broncho Pneumonia Date of onset Jan. 11

Other contributory causes of importance: Senility

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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 _____, 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) R. Kuhlman M. D.
(Address) State Hospital No. 2

THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY

1954

MEMORANDUM FOR THE RECORD
SUBJECT: [Illegible]

[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a technical report or laboratory notes.]