

416

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

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St. Joseph

(No. State Hospital #2. St. Ward)

File No. 2058Registered No. 37

2. FULL NAME

Margaret White(Margaret White) S O O(a) Residence, No. State Hospital No. 2 St. O. T. 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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

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

about 1869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

about 6900

OCCUPATION

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

Home keeper

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)

Ireland

FATHER

13. NAME ?

Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

Unk.

MOTHER

15. MAIDEN NAME ?

Unknown

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

Unk.

17. INFORMANT (ADDRESS)

Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

PLACE

State Hospital Cem. DATE Jan, 14, 1938

19. UNDERTAKER (ADDRESS)

Mrs. W. J. Foster, 1308 Faraon St., St. Joseph, Mo.

20. FILED

1-151938St. Joseph, Mo.Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from

October 20, 1937, to January 10, 1938I last saw him alive on January 10, 1938 Death is saidto have occurred on the date stated above, at 10:20 a.m.

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

Pulmonary Tuberculosis

Date of onset

4/1/36

Other contributory causes of importance:

Chronic Bronchitis

Name of operation

Date of

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death resulted from violence, fill in also the following:

Accident, suicide, 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) A. H. Panelliere

I. M. D.

(Address)

State Hospital No. 2, 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.

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
5800 S. UNIVERSITY AVENUE

RECEIVED
JAN 10 1964

FROM: [Illegible]

TO: [Illegible]

RE: [Illegible]

[Illegible]