

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

Do not use this space.

1. PLACE OF DEATH

County Cochran Registration District No. 85 File No. 2062
 Township St. Joseph Primary Registration District No. 100 Registered No. 42
 City St. Joseph (No. 2022) Kelmer St. Ward

2. FULL NAME

(a) Residence, No. 2022 Kelmer 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 Female 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2 1874

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home.
 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) Andrew Co. Mo.

FATHER 13. NAME unknown

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

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Robert M. Shee

18. BURIAL, CREMATION, OR REMOVAL PLACE Walton DATE Jan 12 1938

19. UNDERTAKER (ADDRESS) Rausser's mortuary

20. FILED 1/14 1938 H. Hestebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11 - 1938

22. I HEREBY CERTIFY That I attended deceased from 28 Dec 1937 to 11 Jan 1938. I last saw him alive on 11 Jan 1938. Death is said to have occurred on the date stated above, at 6:30 a.m. The principal cause of death and related causes of importance were as follows:

Myocardial Infarction
RECEIVED
 Date of onset Nov 20 1937

Other contributory causes of importance: FEB 21 1938

Name of operation _____ 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? no 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. no

Manner of injury no
 Nature of injury no

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

If so, specify _____ (Signed) W. H. Hestebush M. D.
 (Address) 1908 Mesquite St. 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.

