

423

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

Do not use this space.

2114

1. PLACE OF DEATH

County Buchanan
Township St. Joseph
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001
State Hospital No. 2

File No. _____
Registered No. 125
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Kansas City, Mo. St. _____ Ward _____
(Usual place of abode)

Kans. City, Mo.
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. H. Whitecroft</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 17, 1987</u>		
7. AGE	YEARS <u>50</u>	MONTHS <u>10</u>
	DAYS <u>12</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. <u>Home info</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Oct. 1986</u>	11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 31, 1988

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1987, to Jan 31, 1988

I last saw him alive on Jan 31, 1988. Death is said to have occurred on the date stated above, at 2:10 A.M.

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

Pulmonary Tuberculosis

RECEIVED

Date of onset
1-20-88

Other contributory causes of importance, 1938

BUREAU OF VITAL STATISTICS
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Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) A. W. Panethieri M. D.
(Address) State Hospital, No. 2

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	Unknown
	13. NAME <u>J. B. Morgan</u>	Unknown
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	Unknown
	15. MAIDEN NAME <u>?</u>	Unknown
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>?</u>	Unknown
17. INFORMANT <u>Hospital records</u> (ADDRESS) <u>St. Joseph, Mo. State Hosp No. 2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>State Hosp No. 2</u> DATE <u>Febr. 2, 1988</u>		
19. UNDERTAKER <u>H. O. Sidenbinder, Son</u> (ADDRESS) <u>1802 Union Str</u>		
20. FILED <u>2/2 1988</u> <u>H. J. Heath</u> Registrar		

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.

