

MAR 14 1938

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

Do not use this space.

1. PLACE OF DEATH

County **BUCHANAN**
Township **WASHINGTON**
City **ST. JOSEPH,** (No. **2815 RENICK ST.**)

Registration District No. **85**
Primary Registration District No. **1001**

File No. **6095**
Registered No. **170**
St. _____ Ward _____

2. FULL NAME

MRS. ELMIRE OSTRANDER **236**

(a) Residence, No. **2815 RENICK ST.** 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. **5** mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **FE MALE** 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 **WIDOWED, J.W. OSTRANDER**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **JULY 4, 1851**

7. AGE YEARS **86** MONTHS **7** DAYS **3** If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **HOUSEWIFE**
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) **DAYTON, OHIO**

13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dayton, Ohio**

15. MAIDEN NAME **SARAH NEFF,**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **DAYTON, OHIO.**

17. INFORMANT (ADDRESS) **MRS. CORA TONEY UNADILLA, NEBRASKA.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **UNADILLA, NEB.** DATE **FEB. 10, 1938**

19. UNDERTAKER (ADDRESS) **FLEEMAN & SON, INC. 1946 COLHOUN ST. ST. JOSEPH, MO.**

20. FILED **2-9 1938 J. H. Nettlesworth Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **FEB. 7, 1938** '19

22. I HEREBY CERTIFY, That I attended deceased from **1/27**, 19**38**, to **2/7/38**, 19**38**
I last saw h. **E.R.** alive on **2/7/38** 5:10 P Death is said to have occurred on the date stated above, at **5:10** m.

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

Broncho-pneumonia 1/3/38

Other contributory causes of importance: **arterio-sclerosis-gen? Bronchitis (asthmatic)**

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? _____ 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 **1**

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify _____
(Signed) **G. T. Blowers**, M. D.
(Address) **1218 N. 3rd St.**

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.

