

REC'D APR 14 1938

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

10225

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township _____ Primary Registration District No. 1001 Registered No. 364
(c) City St. Joseph, (d) Street No. Missouri Methodist Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 0 yrs. 0 mos. 28 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. Wathena, Kansas
(Usual place of abode, if no street address, write county or city) (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar, 16, 1902

7. AGE YEARS 36 MONTHS 0 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as 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) Mercer, (STATE OR COUNTRY) Mo.

FATHER 13. NAME William Bloom

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

MOTHER 15. MAIDEN NAME Rachel Green

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

17. INFORMANT Grant A. Martin (ADDRESS) Wathena, Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Wathena, Kansas DATE Mar, 30, 1938,

19. FUNERAL DIRECTOR Valde Meierhodger (ADDRESS) 1302 Paragon St. St. Joseph, Mo.

20. FILED 3/30, 1938 J. H. Hertz Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March, 28, 1938, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 2 - 1938, to Mar 28, 1938

I last saw her alive on 3 - 28, 1938 Death is said to have occurred on the date stated above, at 7.30 m. P.M.

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

Pneumonia 3-27-38
Myocarditis - Chronic 3-27-38
Retained secundines 3-30-38
SECUNDINES: 3-30-38

Other contributory causes of importance: 144 B.

Pregnancy -

Name of operation Caesarean Date of 3-20-38

What test confirmed diagnosis? Operative 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? Yes

If so, specify _____

(Signed) Paul J. J. J., M. D.

(Address) Tootle Bldg., St. Joseph, Mo.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

.....
Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)