

REC'D JUN 14 1938

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

Do not use this space.

1. PLACE OF DEATHCounty Buchanan Registration District No. 85Township _____ Primary Registration District No. 1001City St. Joseph (No. St. Hospital # 2) St. _____ Ward _____File No. 17809Registered No. 584**2. FULL NAME**(a) Residence, No. Holt no. St. _____ Ward Holt no.
(Usual place of abode) (If nonresident, give city or town and State)Length of residence in city or town where death occurred yrs. 2 mos. 15 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) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Abbott6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 18737. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
64 | 11 | 15 | _____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) Missouri13. NAME James O. North14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Mary Julia Close16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) Hospital Records18. BURIAL, CREMATION, OR REMOVAL PLACE Kearney Mo DATE June 2 193819. UNDERTAKER (ADDRESS) Leland Key20. FILED 5/31 1938 A. J. Northrup Registrar**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 193822. I HEREBY CERTIFY, That I attended deceased from Mar. 16 1938 to May 31 1938I last saw her alive on May 31 1938 Death is said to have occurred on the date stated above, at 10 A. m.

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

Arterio sclerosis

Other contributory causes of importance: _____

CarbunclesName of operation none 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 _____, 1938

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) R. Kuhlman M. D.(Address) State Hospital No. 2Date of onset May 12 1938Date of onset May 12 1938

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.

