

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.

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

Do not use this space.

REC'D JUN 14 1938

17810

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph (No. St. Joseph #2)

Registration District No. 85
Primary Registration District No. 1001

File No. _____
Registered No. 586 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Km. City no. St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. 11 mos. 12 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>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas Cokrum</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1881</u>		
7. AGE	YEARS <u>57</u>	MONTHS _____
	DAYS _____	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>9</u>	
	10. Date deceased last worked at this occupation (month and year) <u>9</u>	11. Total time (years) spent in this occupation <u>9</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
FATHER	13. NAME <u>George German</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Tepe</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>Hospital Records</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>State Hosp # 2</u> DATE <u>June 24, 1938</u>		
19. UNDERTAKER (ADDRESS) <u>Feather & Sons, Bloomington</u> <u>319 So 10th</u>		
20. FILED <u>6/2 1938</u> <u>H. J. Steelbaugh</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 6 1932 to May 31 1938
I last saw her alive on May 31 1938 Death is said to have occurred on the date stated above, at 11:24 a.m.
The principal cause of death and related causes of importance were as follows:
Paresis
Date of onset 9

Other contributory causes of importance:
83

Name of operation _____ Date of _____
What test confirmed diagnosis? Laboratory 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) R. A. Whelan _____, M. D.
(Address) State Hospital No. 2

1946
1947
1948