

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph, Mo. (No. _____)

85
Registration District No. _____
Primary Registration District No. 1001

21334
File No. _____
Registered No. 588
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. State Hosp. #2 St. St. Joseph, Mo. Kimbrough Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 3 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20 - 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 6 12

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Housework & waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Homes

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) Buchanan County, Mo.

FATHER 13. NAME Edwin Lair

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

MOTHER 15. MAIDEN NAME Edith P. Banner

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

17. INFORMANT (ADDRESS) State Hosp. #2 records

18. BURIAL, CREMATION, OR REMOVAL PLACE Kimbrough Mo. DATE 6-3-38

19. UNDERTAKER (ADDRESS) Summers & Flyschmidt
Kimbrough Mo.

20. FILED June 2, 1938 H. J. Neethoush
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2 1938

22. I HEREBY CERTIFY that I attended deceased from Feb. 17 1937, to June 2 1938

I last saw him alive on June 2 1938. Death is said to have occurred on the date stated above, at 12:15 P.M.

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

Suicide by Hanging
Date of onset _____

Other contributory causes of importance: none

Name of operation _____ Date of _____
What test confirmed diagnosis history Was there an autopsy? Y

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide _____ Date of injury _____ 1938

Where did injury occur? at garage (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. public place
Manner of injury hanging
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) D. W. Taylor M. D.
(Address) St. Joseph Mo.

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.

