

1938 SEP 14 1538

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**

Registration District No. **85**
Primary Registration District No. **1001**
(No. **MERCY HOSPITAL**)

28373
File No. **866**
Registered No. **866**
St. _____ Ward _____

2. FULL NAME **NANCY LEE MJIR**
(a) Residence, No. **INDUSTRIAL CITY, Mo.** St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Industrial City Mo
(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) SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 22, 1932		
7. AGE YEARS 6	MONTHS 6	DAYS 28
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
	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) **OMAHA, NEBR.**
(STATE OR COUNTRY)

13. NAME **MR. GLENN MJIR**

14. BIRTHPLACE (CITY OR TOWN) **ROSENDALE MO.**
(STATE OR COUNTRY)

15. MAIDEN NAME **LYDA JASPER**

16. BIRTHPLACE (CITY OR TOWN) **MOBERLY, MO.**
(STATE OR COUNTRY)

17. INFORMANT **MR. GLENN MJIR**
(ADDRESS) **INDUSTRIAL CITY, Mo.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **MEMORIAL PARK** DATE **AUG. 22ND, 1938**

19. UNDERTAKER **FLEEMAN AND SON INC.**
(ADDRESS) **1945 CALHOUN ST. JOSEPH, MO.**

20. FILED **8/22 1938**
A. J. [Signature]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **AUG. 20TH, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **viewed**
AUG. 20th, 1938, to _____, 19____

I last saw him _____ alive on _____, 19____ Death is said to have occurred on the date stated above, at **2 P. m.**

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

Injuries received when struck by auto as a pedestrian

Date of onset
8/18/38

Other contributory causes of importance: **none**

Name of operation **none** Date of _____
What test confirmed diagnosis? **None** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **accident** Date of injury **8/18, 1938**

Where did injury occur? **Industrial city, Mo.**
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Public place

Manner of injury **Struck by auto**

Nature of injury **Fractured skull**

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

(Signature) **B. W. Tuley** Coroner
(Address) **High Hill Bldg.**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

L.E. # 3.986 John E. Ruff.