

1899 OCT 18 1938

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

Registration District No. 3  
Primary Registration District No. State Hosp. #2

File No. 31765  
Registered No. 972

2. FULL NAME

(a) Residence, No. 2203 1/2 East 12th St. (TAYS)  
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 8 mos. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 24, 1883

7. AGE YEARS 54 MONTHS 10 DAYS 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

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) Kitter, Mo

13. NAME James Oak

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

15. MAIDEN NAME Mary Nelson

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

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE ST. JOSEPH, MO. DATE 9-23-38

19. UNDERTAKER (ADDRESS) Walter Meierhoffer

20. FILED 9-21-38 J. H. Hesterman Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1937, to Sept 21, 1938. I last saw her alive on Sept 21, 1938. Death is said to have occurred on the date stated above, at 8:25 A.M.

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

Bilateral Atherosclerotic Tuberculosis

Other contributory causes of importance:

Dementia Praecox

Name of operation Date of

What test confirmed diagnosis? X-Ray 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) A. G. Panethier (PANETHIER) M. D.

(Address) State Hospital No. 2

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.

STATEMENT BY LICENSED EMBALMER

I, W. H. Kelly, Licensed Embalmer No. 3946  
hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by J. C. Anderson.

or by Apprentice, Registered Apprentice No. 118

(Signed) W. H. Kelly

Licensed Embalmer No. 3946

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