

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.

1938 JAN 04 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 St Joseph
City St Joseph

Registration District No. 35
Primary Registration District No. 1001
No. Mo. State Hosp # 2

File No. 42448
Registered No. 1328
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Helena St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20 1934
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 3 2 0 10

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

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) Shelby Co Ill

13. NAME John Christy

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

15. MAIDEN NAME Sarah Reed

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

17. INFORMANT W. M. Cutler HELENA MO
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Helena DATE Jan 1 1938

19. UNDERTAKER (ADDRESS) Fred Terhune
Savannah
20. FILED 12/29 1938 H. J. Wellford Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30 1938

22. HEREBY CERTIFY, That I attended deceased from Dec 13 1938 to Dec 30 1938

I last saw him alive on Dec 29 1938 Death is said to have occurred on the date stated above, at 8:00 a.m.

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

Chronic Myocarditis (Date of onset) July

Other contributory causes of importance: Senility

Name 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 _____, 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) W. B. Helong M. D.
(Address) St Joseph State Hospital

STATEMENT BY LICENSED EMBALMER

I, J. Fred Terhune Licensed Embalmer No. 1279
hereby certify that the body recorded on the reverse side of this
Certificate was embalmed by J. Fred Terhune
or by _____ Registered Apprentice No. _____

(Signed)

J. Fred Terhune
Licensed Embalmer No. 1279

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