

REC'D MAY 11 1930

707

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

Do not use this space.

14287

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001
State Hospital #2, St. Jos. Mo. Ward

File No. _____
Registered No. 413

2. FULL NAME

(a) Residence, No. 1308 N. 11th Street St. St. Joseph Mo. Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

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.

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) Feb 17 - 1862

7. AGE YEARS 77 MONTHS 1 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Camden Mo.

13. NAME Benjamin J. Bassett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cynthiana Kentucky

15. MAIDEN NAME Mary Jane Warfield
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Kentucky

17. INFORMANT Hosp. Records
(ADDRESS) State Hospital #2, St. Jos. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lt. Mora Cem. DATE April 17, 1930

19. UNDERTAKER Walter Meierhoffer
(ADDRESS) 1302 Barron Sts. St. Jos. Mo.

20. FILED 4/17/30 19. H. J. [Signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1930

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1929, to April 15, 1930

I last saw her alive on April 15, 1929. Death is said to have occurred on the date stated above, at 10:45 P.M.

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

Generalized arteriosclerosis resulting in cerebral apoplexy

Other contributory causes of importance:

Senile physical and mental changes

Name of operation _____ 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) A. E. Miller, M. D.
(Address) State Hosp. #2, St. Joseph Mo.

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.

STATEMENT BY LICENSED EMBALMER

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

Certificate was embalmed by myself
or by _____, Registered _____

(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 grounds for revocation of license.)