

LESD MAY 21 1939

718

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. State Hospital # 2)

File No. 14331
Registered No. 454
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 713 S. 7th St. St. Joseph Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 26 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|---|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bert Ferguson</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 4, 1900</u> | | |
| 7. AGE | YEARS <u>39</u> | MONTHS <u>1</u> |
| | DAYS <u>24</u> | if LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u> | |
| | 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) DeKalb, Mo. (STATE OR COUNTRY) Missouri

13. NAME Henry Griffith

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

15. MAIDEN NAME Cliza Pickard

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

17. INFORMANT Records State Hosp. # 2 (ADDRESS) St. Joseph Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE May 1 1939

19. UNDERTAKER E. P. Sidenfaden Funeral Home (ADDRESS) 602 S. 10th St.

20. FILED May 1 1939 A. J. Neelbush Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28 1939

22. I HEREBY CERTIFY, That I attended deceased from November 15 1938 to April 28 1939.

I last saw her alive on April 28 1939. Death is said to have occurred on the date stated above, at 2:45 p.m.

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

Abcess of lung
Spiriochaeta vincenti 4/26/39
Vincent's angina April 31

Other contributory causes of importance: III & a

Name of operation none Date of _____
What test confirmed diagnosis Christ. test Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? NO 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) D. P. Johnson M. D.
(Address) State Hosp # 2
St. Joseph, Mo.

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

20M-2-19-36 I X7284

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, Theron Smith, Licensed Embalmer No. 3928
hereby certify that the body recorded on the reverse side of this
Certificate was embalmed by Mollie Seefaden
or by _____, Registered Apprentice No. _____

(Signed) Theron Smith
Licensed Embalmer No. 3928

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.)