

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

Do not use this space.

14333

FILED MAY 13 1940

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township St. Joseph Primary Registration District No. 1001
 City St. Joseph (No. 1) Mo. Mello Hospital Ward 0
 File No. 422
 Registered No. 422

2. FULL NAME

(a) Residence, No. 512 Mrs. Leta Thompson St. 0 Ward Gairfax, Mo.
 (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. M. Thompson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22, 1869

7. AGE YEARS 70 MONTHS 10 DAYS 19 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

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) Greenbrier County W. Virginia

13. NAME James Edwin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenbrier County W. Virginia

15. MAIDEN NAME Isabel Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenbrier County W. Virginia

17. INFORMANT Mary Edwin (ADDRESS) St. Joseph, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph, Mo. DATE April 13, 1940

19. UNDERTAKER Harvey J. Scheuler (ADDRESS) St. Joseph, Mo.

20. FILED 4/11 1940 H. J. Meltchurk Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4.11.40, 1940

22. I HEREBY CERTIFY, That I attended deceased from 4.2.40, 1940, to 4.11.40, 1940

I last saw him alive on 4.11.40, 1940 Death is said to have occurred on the date stated above, at 2nd m.

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

Coronary occlusion Date of onset 4.11.40

Other contributory causes of importance: Coronary artery disease 46 Nov 1934

Name of operation Colostomy Date of 4.5.40
 What test confirmed diagnosis? Colostomy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 0 Date of injury 0, 1940

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. 0

Manner of injury 0
 Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? 0
 If so, specify

(Signed) J. J. Ryan, M. D.
 (Address) St. Joseph, Mo.

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.

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