

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

Do not use this space.

33696

**1. PLACE OF DEATH**

County Dickinson

Registration District No. 85

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 1001

Registered No. 1094

City St. Joseph, Missouri

(No. 9th + Carson St.)

Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 204 1/2 N. Main St., 3rd Ward, Maryville, Mo.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

2 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 Married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12, 1882

7. AGE YEARS 49 MONTHS 6 DAYS 12 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. 12

10. Date deceased last worked at this occupation (month and year) 9/5/31 11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Licking Mo.

13. NAME - Mr. W. R. McKee

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

15. MAIDEN NAME Mar. Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dubleville Mo.

17. INFORMANT (ADDRESS) Mr. C. O. Strong 204 1/2 N. Main Maryville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maryville, Mo. DATE Oct 27, 1931

19. UNDERTAKER (ADDRESS) Wheeler's Funeral Home 107 1/2 S. Joseph Missouri

20. FILED 1931 John P. Bender Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 24, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1931 to Oct 24, 1931

I last saw her alive on Oct 24, 1931 Death is said to have occurred on the date stated above, at 9:40 P.M. C.S.T.

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

Peritonitis (Generalized) ureth  
Pericarditis  
Non-traumatic - non-tubercular

Other contributory causes of importance: Acute Cardiac dilatation

Name of operation operation & drainage Date of Oct 25/31  
What test confirmed diagnosis? Autopsy 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? St. Joseph, Missouri (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? If so, specify Acute

(Signed) Dr. S. S. Gardner, D.O., M.D.  
(Address) Maryville, 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.

NOV 23 1931

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