

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

Do not use this space.

278

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph (No. 2627 south 10 street)

Registration District No. 85
Primary Registration District No. 1001

File No. _____
Registered No. 311
St. _____ Ward _____

2. FULL NAME Juanita Sipple Carl

(a) Residence, No. 2627 south 10 street St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Robert Carl Jr.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 6 23

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

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) St. Joseph Missouri

13. NAME John C Cohett

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

15. MAIDEN NAME Olive Casey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atchison Kansas

17. INFORMANT Robert Carl Jr. (ADDRESS) 2627 south 10 st St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery St Joseph Mo. DATE January 11, 1933

19. UNDERTAKER (ADDRESS) H. S. Sidenfaden 1802 Union st St Joseph Mo.

20. FILED 1-9-33 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1933 to Jan 8 1933. I last saw her alive on Jan 8 1933. Death is said to have occurred on the date stated above, at 2:15 P. m.

The principal cause of death and related causes of importance were as follows:
Pneumonia, lobar, acute 1/7/33

Other contributory causes of importance:
Influenza 1/2/33

Name of operation Chloral Date of _____
What test confirmed diagnosis? _____ 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) J. R. [Signature] M. D.
(Address) St. Joseph Mo.

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

MARGIN RESERVED FOR BINDING

F. S. NO. 2

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.

FEB 23 1933

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