

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph, Mo. (No. 1001)

85

Registration District No. 85

Primary Registration District No. 1001
Missouri Methodist Hospital

File No. 332
Registered No. 86
St. _____ Ward _____

2. FULL NAME

Mary Wine

(a) Residence, No. 723 South 9th. 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 Jew 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown April 1888

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS 52 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

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

13. NAME Unknown

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Russia

17. INFORMANT Ann Wine (ADDRESS) St. Joseph, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Shaare Sholem DATE Jan. 18, 1933

19. UNDERTAKER Fleeman Funeral Home, Inc. (ADDRESS) St. Joseph, Missouri

20. FILED 1-18-33 19. John K. Bander Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1933 to Jan 17, 1933
I last saw her alive on Jan 16, 1933. Death is said to have occurred on the date stated above, at 7:45 A.M.

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

Heart disease arteriosclerosis
Coronary Ar.
Myocarditis Chr.

Other contributory causes of importance: None

Name of operation none Date of _____
What test confirmed diagnosis? Evidence 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) W. C. Clark, M. D.
(Address) 301 1/2 S. 13th

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.

EP 22 24

33
33
33

W

92
92

92
92

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL