

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

Do not use this space.

6189

**1. PLACE OF DEATH**

County Wesper Registration District No. H13  
 Township General Primary Registration District No. 5559C  
 City St. Joseph Hospital (No. ....) St. .... Ward

**2. FULL NAME**

(a) Residence, No. Mrs Charles Owen St. Coll Co  
 (Usual place of abode) Sandy Hook (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>-</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 7, 1903</u>		
7. AGE YEARS <u>29</u>	MONTHS <u>6</u>	DAYS <u>24</u>
If LESS than 1 day, ..... hrs. or ..... min.		

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

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) Missouri

13. NAME George Shedd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Theodosia Patton

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

17. INFORMANT Records

18. BURIAL, CREMATION, OR REMOVAL Mount Zion Plan

PLACE Sandy Hook DATE 2/25, 1933

19. UNDERTAKER Witt Ct. Used Co

(ADDRESS) W. H. City, Mo

20. FILED Mar 4, 1933 J. E. Weaver

Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1928, to Feb 23, 1933  
 I last saw her alive on Feb 23, 1933 Death is said to have occurred on the date stated above, at 12:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis  
1928-1933

Other contributory causes of importance:

Name of operation Autopsy Date of Mo  
 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?..... 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) John E. Dargatzis, M. D.  
 (Address) St. Joseph City

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.

WRITE CAREFULLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

2-25

1933

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Per J. E. Weaver

