

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.

MAY 22 1933

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

Do not use this space.

12404

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph

(No. 814 Richardson St. St. Ward)

File No.

Registered No. 359

2. FULL NAME

Amelia Raymond

(a) Residence, No. 814 Richardson St.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 59 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)

Widowed

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

Richard A. Raymond

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

Apr. 22, 1873

7. AGE

YEARS 59

MONTHS 11

DAYS 9

If LESS than 1 day, hrs. or min.

OCCUPATION

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, Mo.

FATHER

13. NAME

George H. Ziph

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

Unknown Germany

MOTHER

15. MAIDEN NAME

Elizabeth Weisenberger

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

Unknown Germany.

17. INFORMANT (ADDRESS)

Richard Raymond St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE

Ashland Cemetery, DATE Apr. 4, 1933

19. UNDERTAKER (ADDRESS)

Walter Melcher 1302 Faraon St. St. Joseph, Mo.

20. FILED

4-2-33, 19

Johar R. Bunker Registrar

MEDICAL CERTIFICATE OF DEATH

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

Apr. 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from

Feb 18, 1933 to Apr 1, 1933

I last saw her alive on Apr 1, 1933 Death is said

to have occurred on the date stated above, at 10.20 P.M.

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

Myocarditis due to high tension for years which finally under stress of pipe broke down. Medical compensation.

Other contributory causes of importance: *developed edema, dyspnea + died of cardiac decompensation.*

Date of onset

Several

Name of operation

Date of

What test confirmed diagnosis? *clinical*

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. Kirkpatrick

M. D.

(Address)

Kirkpatrick Bldg. St. Joseph, Mo.

