

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

Do not use this space.

287

85

7916

1. PLACE OF DEATH

County Buckauer Registration District No. _____
 Township St Joseph Primary Registration District No. 1001
 City St Joseph (No. State Hosp #2) St. _____ Ward _____

File No. _____
 Registered No. 322

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward Sanford Mo
 (Usual place of abode) (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 male 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 Ann White (Anderson)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 6 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
 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) Atkinson Co Mo

MOTHER 13. NAME Wm Anderson

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

15. MAIDEN NAME Albertine Nagas

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

17. INFORMANT (ADDRESS) Records this Hospital St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Chassant Ridge DATE Mar. 20, 1934

19. UNDERTAKER (ADDRESS) H. H. Schooler Sanford Mo

20. FILED 3-18-34 John A. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1934, to March 18, 1934
 I last saw him alive on March 17, 1934. Death is said to have occurred on the date stated above, at 8:55 a.m.

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

Brauche - Pneumonia Date of onset 3/6/34
1075
1072
 Other contributory causes of importance:
Chronic Arteriosclerosis with Psychoses prior

Name of operation _____ 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) W. Clifton Smith, M. D.
 (Address) State Hosp #2 St Joseph Mo

