

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township St. Joseph

Entry Registration District No. 1001

City St. Joseph

File No. 23351

Registered No. 858

St. _____ Ward _____

2. FULL NAME

(a) Residence No. _____ St. _____ Ward. Santa Rosa, Mex
(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.

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 Emmaline Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
About 82 Benjamin

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

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) Washington

13. NAME George Minor

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

15. MAIDEN NAME Ralduell

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

17. INFORMANT (ADDRESS) Records State Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Montall DATE 7-24-34

19. UNDERTAKER (ADDRESS) Patterson mo

20. FILED 23 1934 John H. Residenz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-22-34

22. I HEREBY CERTIFY That I attended deceased from 4/7/34 to July 22 1934

I last saw him live on July 22 1934 Death is said to have occurred on the date stated above, at 4:00 p.m.

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

Chronic myocarditis Date of onset 1920?
Coronary sclerosis

Other contributory causes of importance: Senility

Name of operation none 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? no 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) Edray Worthy, M.D. M. D.
(Address) 731 Farnon St., St. Joseph, Mo.

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.

11-5-34
100-1-1-1034

