

MAR 16 1936

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

Do not use this space.

4710

## 1. PLACE OF DEATH

County RuehmanRegistration District No. 85Township St. JosephPrimary Registration District No. 1007City St. Joseph(No. 5-22, Monroe)

File No. \_\_\_\_\_

Registered No. 2134

St. \_\_\_\_\_ Ward)

## 2. FULL NAME

(a) Residence, No. 5-22, Monroe St., \_\_\_\_\_ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 13 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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louis W. Wren</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 1 1855</u>		
7. AGE YEARS <u>80</u>	MONTHS <u>5</u>	DAYS <u>20</u>
		If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		
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

OCCUPATION

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21, 193622. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1936, to Feb. 21, 1936I last saw her alive on Feb 20, 1936 Death is saidto have occurred on the date stated above, at 3 P. m.

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

Arterio-sclerosis - gen. Date of onsetmyocarditis - chr. ?

Other contributory causes of importance

Pneumonia - bronchial(bilateral) 4/19/36Name 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? \_\_\_\_\_ 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) S. T. Blomster M. D.(Address) 1218 N. 3rd St.12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Key.13. NAME Edward Beaton14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Key.15. MAIDEN NAME Leah Bradshaw16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Key.17. INFORMANT James W. Wren(ADDRESS) St. Joseph, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE St. Moriah DATE 2/23/3619. UNDERTAKER Stammy Fun Home(ADDRESS) St. Joseph, Mo.20. FILED 2-23-36 St. Joseph, Mo.

Registrar.

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.

Dr. Blomquist