

MAR 16 1936

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

Do not use this space.

1. PLACE OF DEATH

County LackawannaTownship St. JosephCity St. Joseph (No. St. Joseph)

85

Registration District No. 1001Primary Registration District No. 1001File No. 9341Registered No. 344St. St. Joseph Ward

2. FULL NAME

(a) Residence, No. 1730 So 9 St., St. Joseph Ward. (If nonresident, give city or town and State)Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Wm Fox6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 21 18607. AGE YEARS 75 MONTHS 6 DAYS 13 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

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) Ireland13. NAME Wm Holleran14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland15. MAIDEN NAME Marg Kelley16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland17. INFORMANT (ADDRESS) Mike Fox 1730 So 1118. BURIAL, CREMATION, OR REMOVAL PLACE W. Ireland DATE 3-7 193619. UNDERTAKER (ADDRESS) Berry - Apple 211 So 1020. FILED 19 John R. Bender Registrar

MAR 7 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 193622. I HEREBY CERTIFY, That I attended deceased from Feb 27 1936 to March 4 1936.I last saw him alive on Feb 4 1936 Death is saidto have occurred on the date stated above, at 4:30 P.M.

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

~~Stroke~~
~~Fracture of Left Femur~~
Fracture of Left Femur (hip)

Date of onset

Feb 28 1936Other contributory causes of importance: Arteriosclerosis
Legality
Arterio SclerosisName of operation none Date ofWhat test confirmed diagnosis Phys Exam 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 no 19no

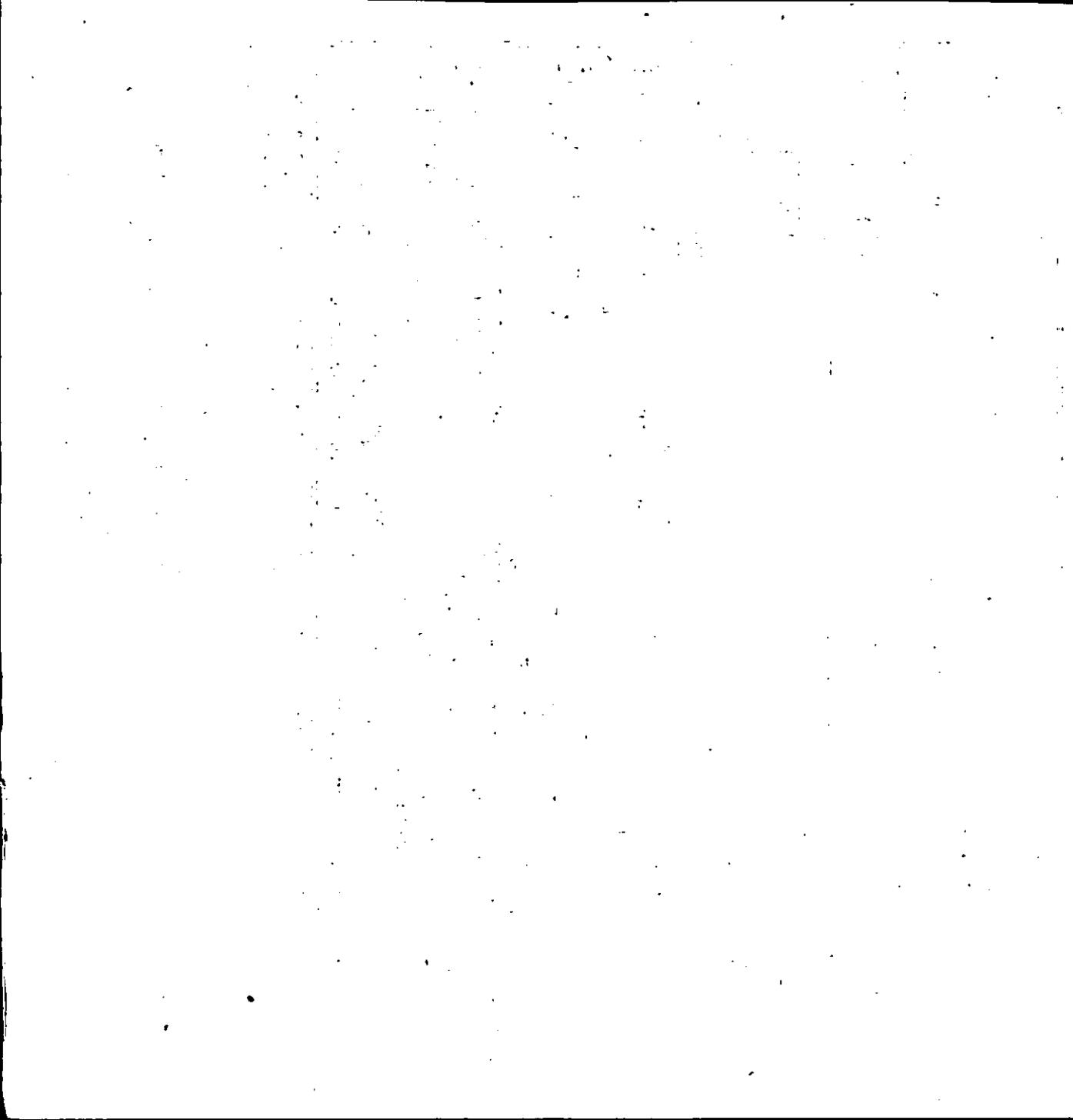
Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noNature of injury no

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no(Signed) J. H. Thompson M. D.(Address) St. Joseph



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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township.....
City St Joseph (No.)

Registration District No. 85
Primary Registration District No. 1001

File No.
Registered No. 344
St. Ward)

2. FULL NAME

Mary Loy

(a) Residence, No. St., Ward.
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>75</u>	<u>6</u>	<u>13</u>	

OCCUPATION

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

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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED March 7 1936 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 4 1936

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at..... m.
The principal cause of death and related causes of importance were as follows:

Fracture of left femur Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/26, 1936
Where did injury occur? Her Home 1730 S 9th (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Her Home

Manner of injury Fell on Rt. Hip
Nature of injury Fracture of Rt. neck of femur

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) J. E. Thompson, M. D.
(Address) 825 Charles St. St Joseph Mo

SUPPLEMENTARY

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