

MAY 18 1936

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

Do not use this space.

14094

1. PLACE OF DEATH

County RichmondRegistration District No. 85

Township

Primary Registration District No. 1001

City

St. Joseph, Mo. (No. St. Joseph Hospital 2)

File No.

Registered No. 490

St. _____ Ward)

2. FULL NAME

(a) Residence, No. St. Ball, Mo.

(Usual place of abode)

St. _____

Ward. Dr. Kall, Mo.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 34 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)

married

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

Mississippi

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

April 18 76

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

60Unknown

OCCUPATION

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

House Staff

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)

Unknown

13. NAME

Unknown

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

Unknown

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

State Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Resident

DATE

4/6n. 30

19. UNDERTAKER (ADDRESS)

J. H. Strigler

20. FILED

3/419 36John H. Bender

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Apr 1, 193622. I HEREBY CERTIFY, That I attended deceased from Apr 12, 1936, to Apr 1, 1936I last saw her alive on Apr 1, 1936 Death is said to have occurred on the date stated above, at 1:30 P. m.

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

Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation

no

Date of _____

What test confirmed diagnosis?

ChlorWas there an autopsy? Y23. 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? no (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

no24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) E. G. DeLong, M. D.(Address) State Hospital no 2

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.

