

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

Do not use this space.

MAY 18 1937

1. PLACE OF DEATH

County Buchanan Registration District No. 10
Township _____ Primary Registration District No. _____
City St Joseph Mo (No. State Hoop #2)

File No. 15723
Registered No. 427
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Maryville Mo
(Usual place of abode) (If resident, give city or town and State)
Length of residence in city or town where death occurred 16 yrs. 11 mos. 4 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Est 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
Est 65

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

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) 1930 11. Total time (years) spent in this occupation. _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) State Hoop # 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Maryville, Mo. 4-7 DATE 1937

19. UNDERTAKER (ADDRESS) Chambers Funeral Home, Maryville, Mo.

20. FILED 4-6 1937 N. J. Neettleback Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 18 1935, to April 6 1937.

I last saw him alive on April 5 1937. Death is said to have occurred on the date stated above, at 3:50 a.m.

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

Chronic Interstitial Nephritis (Date of onset 1930)

Other contributory causes of importance:

Chronic Myocarditis (only)

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Lab. 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) E. C. DeLong M.D. M. D.
(Address) State Hoop #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.

