

OCT 18 1937

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. 55
Township _____ Primary Registration District No. 2001
City St Joseph MO (No. St Joseph #2) St. _____ Ward _____

File No. 33681
Registered No. 930
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. State Hosp #2 St. _____ Ward Burr Row Mo
(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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF NO

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept - 29-73

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 11 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) Nov 11. Total time (years) spent in this occupation. _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Andrew Collo

13. NAME Issac R Best
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

15. MAIDEN NAME Rebecca M. Kelly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Arthur Best
(ADDRESS) State Hosp Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Deylem Co DATE 9/14

19. UNDERTAKER St Joseph Funeral Home
(ADDRESS) St Joseph Mo

20. FILED 9-14 1937 H. J. Nestlebeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st 1937 to Sept 13 1937
I last saw her alive on Sept 12 1937 Death is said to have occurred on the date stated above, at 8 a m.

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

ac. Bacillary dysentery
Origin unknown

Other contributory causes of importance: 138

Name of operation None Date of no
What test confirmed diagnosis? None Was there an autopsy? yes

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) Charles A Brasher M. D.
(Address) State Hospital #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.

and