

NOV 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan  
Towship Washington  
City St. Joseph (No. 2507 Garfield Ave.)

Registration District No. 55  
Primary Registration District No. 1

File No. 37138  
Registered No. 1114  
Ward

2. FULL NAME Hattie A. Draiz

(a) Residence, No. 2507 Garfield Ave., St.          Ward.           
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 49 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 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) Oct. 19, 1888

7. AGE YEARS 78 MONTHS 11 DAYS 20 IF LESS than 1 day,          hrs. or          min.

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

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) Deerborn (STATE OR COUNTRY) Missouri

13. NAME James Draiz

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

15. MAIDEN NAME C. Richardson

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

17. INFORMANT Mrs. Anna Lee Taylor (ADDRESS) 2507 Garfield Ave., City

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary Cemetery DATE Oct. 11, 1937

19. UNDERTAKER Mrs. E. R. Sidonson (ADDRESS) 102 South Tenth St.

20. FILED Oct 9 1937 H. J. Wallace Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1st 1937 to Oct 9, 1937

I last saw her alive on Oct 9th, 1937 Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Cerebral Hemorrhage Date of onset Oct 1st 1937

Other contributory causes of importance: Chronic Myocarditis

Name of operation          Date of         

What test confirmed diagnosis?          Was there an autopsy? Y

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) J. P. Peters, M. D.

(Address) Wallace, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

