

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.**
Township
City **St. Joseph.**

Registration District No. **85**
Primary Registration District No. **1001**
(No. **St. Joseph's Hospital.**)

File No. **37171**
Registered No. **1147**
St. _____ Ward

2. FULL NAME **Mary Agnes Day.**

(a) Residence, No. **410 South 12th St.** St. _____ Ward.

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **25** 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) **Widowed.**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **C.F. Day.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **August 8, 1878.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 2 8

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

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) **1936** 11. Total time (years) spent in this occupation **Unk**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Melrose Iowa.**13. NAME **Patrick McDonald.**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Heitman Iowa.**15. MAIDEN NAME **Mary Driscoll.**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Keokuk Iowa.**17. INFORMANT **J. Justin Day.** (ADDRESS) **410 South 12th St.**18. BURIAL, CREMATION, OR REMOVAL PLACE **Melrose Iowa.** DATE **Oct 18, 1937**19. UNDERTAKER **H. O. Sidenfaden & Son.** (ADDRESS) **1802 Union St., St. Joseph Mo.**20. FILED **10-18 1937** **H. Nestlebusch** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **October 16, 1937**22. I HEREBY CERTIFY, That I attended deceased from **8:30 P.M. Oct 16, 1937, to 8:30 Oct 16, 1937.**

I last saw her alive on **Oct 16, 1937.** Death is said to have occurred on the date stated above, at **8:30 P.M.**

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

Central HemorrhageDate of onset **8 P.M.****10/16/37**

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? **Clinical** 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) **W. J. Elmer**, M. D.(Address) **St. Joseph**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

OCCUPATION

FATHER

MOTHER

1944

1944

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