

REC'D APR 14 1938

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

10196
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township Primary Registration District No. 1001 Registered No. 335
(c) City St. Joseph (d) Street No. St. Joseph Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 38 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Vivian G. Giddings 352
(a) Residence, No. 1009 N. 23 St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 41 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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) Holton
(STATE OR COUNTRY) Kansas

FATHER 13. NAME Chester Hadley
14. BIRTHPLACE (CITY OR TOWN) Rochester, N. Y.
(STATE OR COUNTRY) New York

MOTHER 15. MAIDEN NAME Avery Harris
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT Ben Giddings
(ADDRESS) 1009 N. 23

18. BURIAL, CREMATION, OR REMOVAL

PLACE City Cem. DATE Mar. 23, 1938

19. FUNERAL DIRECTOR Liberty Funeral Chapel
(ADDRESS) 6100 King Hill Ave.

20. FILED 3/22, 1938 J. H. Hesthus
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-20, 1938 to 3-20, 1938

I last saw him alive on 3-20, 1938 Death is said to have occurred on the date stated above, at 7:25 Pm.

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

Left acute salpingo-oophoritis with peritonitis Date of onset

Other contributory causes of importance: 13951

Name of operation none Date of

What test confirmed diagnosis? Autopsy 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) Clara W. Steing M. D.

(Address) 303 Robt. A. Bldg.

13912-
F. M. ...
STATEMENT BY LICENSED EMBALMER

I, Bernard H. Frank, Licensed Embalmer No. 3782

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Bernard H. Frank

Licensed Embalmer No. 3782

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

Embalmed by Bernard H. Frank

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

10 196
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township _____ Primary Registration District No. 1001 Registered No. 335
(c) City St. Joseph (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Vivian G. Giddings

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 4 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____ 19 _____

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ 1938 to _____, 1938

I last saw h. _____ alive on _____, 1938. Death is said

to have occurred on the date stated above, at _____ m.

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

Left acute salpingitis with peritonitis
No. History of Uterus Decidua Past Pregnancy
1. Endometritis
2. Endometritis
3. acute left salpingitis
4. ch. salpingitis
5. acute bilateral parametritis
6. acute salpingitis
Date of onset 12/13/37

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? ye

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1938

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? _____

If so, specify _____

(Signed) Quen W. D. Craig, M. D.

(Address) St. Joseph

