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.

OCT 18 1938

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

Do not use this space.

File No. 31741
Registered No. 946

1. PLACE OF DEATH

County: Buchanan — Registration District No.:
Township: — Primary Registration District No.:
City: St. Joseph (No. 1817 Jones St. Ward)

2. FULL NAME Alvina Agusta Dwyer

(a) Residence, No. 1817 Jones St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 11 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September 22, 1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	48	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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) (STATE OR COUNTRY): St. Joseph, Missouri.

FATHER

13. NAME: Emil Verspohl
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Missouri.

MOTHER

15. MAIDEN NAME: Agusta Stobbe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Denmark

17. INFORMANT: Edgar Dwyer
(ADDRESS) 1817 Jones Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Ashland Cemetery
PLACE St. Joseph, Mo. DATE Sept. 15 1938

19. UNDERTAKER: H. O. Sidenfaden and Son
(ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED Sept 18 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): September 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 13th, 1938 to ..., 19..
I last saw her alive on ..., 19.. Death is said to have occurred on the date stated above, at 3:45A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Indigestion following an overloaded stomach with unwholesome food	

Other contributory causes of importance: none

Name of operation: Date of:
What test confirmed diagnosis? History 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) B. W. Tadlock, Coroner, M. D.
(Address) King Hill Bldg.

STATEMENT BY LICENSED EMBALMER.

I, Elbert E.Harrington, Licensed Embalmer No. 3258.
hereby certify that the body recorded on the reverse side of this
Certificate was embalmed by My-self
or by *****, Registered Apprentice No. **

(Signed) Elbert E. Harrington
Licensed Embalmer No. 3258.

NOTE: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his own handwriting
(Failure to comply with the above regulation constitutes grounds for [illegible]