

1938 NOV 15 1938

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

35132
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township _____ Primary Registration District No. 1001
(c) City St. Joseph. (d) Street No. 2101 South 4th. St. Registered No. 1027
(e) Length of residence in city or town where death occurred 2 1/2 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

416 Minnie Thomas Wolverton
(a) Residence, No. 2101 South 4th. St. 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 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 Percy Wolverton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 22, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 8 21

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) (STATE OR COUNTRY) Fairfield Iowa

FATHER 13. NAME Philip Droz

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

MOTHER 15. MAIDEN NAME Julia DeToole

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

17. INFORMANT Miss Julia Thomas (ADDRESS) 2101 So. 4th. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mathene Kansas DATE 10/16/38

19. FUNERAL DIRECTOR (NAME) Walter Meierhoffer (ADDRESS) 1302 Fardon St., St. Jos. Mo.

20. FILED Oct 15 38 J. H. Hildebrand Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1938, to Oct 7, 1938
I last saw her alive on Oct 7, 1938. Death is said to have occurred on the date stated above, at 1:55 P.m.

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

Carcinoma of Left Breast metastasizing to left lung
Empyema of left lung
50W
Date of onset Aug 1938

Other contributory causes of importance: Secondary anemia
Unknown

Name of operator Removed left Breast Aug 4-37
What test confirmed diagnosis? Biopsy 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 _____
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 _____
Charles B. Werner, M. D.
(Address) Kingsbrick Bldg. St. Jos. Mo.

N. S.—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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Wilbur Kelly

or by Myself

Registered Apprentice No. _____, working under my personal supervision.

Signed W. H. Kelly

Licensed Embalmer No. No. 5946

P. O. Address 130 Ferguson St., St. Joe,

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.)

If this body is not embalmed, above space should be left blank.