

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

1939 APR 6 1938

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001
(No. State Hospital # 2)

File No. 10055
Registered No. 208
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 829 Harwood St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. 2 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) April 6 1907

7. AGE YEARS 31 MONTHS 10 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Santa Rosa, Mo.

FATHER 13. NAME Lee Ousley

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

MOTHER 15. MAIDEN NAME Lillie May Frasier

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

17. INFORMANT (ADDRESS) Records State Hosp # 2 St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Cemetery DATE March 4 1939

19. UNDERTAKER (ADDRESS) Stoney's Funeral Home St. Joseph, Mo.

20. FILED Mar 7 1939 W. J. Nettles Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1938, to February 28 1939. I last saw him alive on February 28 1939. Death is said to have occurred on the date stated above, at 3:59 p.m. The principal cause of death and related causes of importance were as follows:

Idiopathic Epilepsy Date of onset Infancy

Other contributory causes of importance: Status Convulsions

Name of operation none Date of _____
What test confirmed diagnosis? Chin't. test Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) D. P. Johnson M. D.
(Address) State Hosp # 2, St. Joseph

I hereby certify the body whose name is recorded on
reverse side of this certificate was embalmed by me.

Signed John F. Hurley
LScensed embalmer # 4050