

REC'D AUG 11 1939

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

25080  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Buchanan Registration District No. 85  
 (b) Township 1 Primary Registration District No. 1001  
 (c) City St. Joseph (d) Street No. 1111 Lafayette 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 NELLIE VEATCH  
 (a) Residence, No. 1111 Lafayette 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18th. 1861

| 7. AGE | YEARS     | MONTHS   | DAYS      | IF LESS than 1 day, hrs. or min. |
|--------|-----------|----------|-----------|----------------------------------|
|        | <u>77</u> | <u>9</u> | <u>29</u> |                                  |

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) Ledland Springs (STATE OR COUNTRY) N.Y.

FATHER  
 13. NAME John Ryan  
 14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ireland

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

17. INFORMANT Robert F. Veatch (ADDRESS) 1111 Lafayette St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Milan, Mo. DATE July 19th 1939

19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON, INC. (ADDRESS) 1946 Calhoun St. Joseph, Mo.

20. FILED July 17, 1939 A. Heath Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17th. 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-14, 1939, to July 17, 1939  
 I last saw her alive on July 16, 1939. Death is said to have occurred on the date stated above, at 1.15 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Bronchopneumonia  
General arteriosclerosis  
Chronic endocarditis  
mitral insufficiency  
 Date of onset 7-14-39

Other contributory causes of importance:  
General arteriosclerosis  
Chronic endocarditis  
mitral insufficiency

Name of operation 1 Date of 1939  
 What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? 1 Date of injury 1939  
 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) Thomas Richmond, M. D.  
 (Address) 328 Kirkpatrick Bldg

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.

**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, or by

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*John E. Rupp*

Licensed Embalmer No.

*3986*

P. O. Address

*St. Joseph*

**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.**