

REC'D AUG 11 1939

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

25113

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. St. Joseph's 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 50 yrs. - mos. - ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 785**2. PRINT FULL NAME**

Mary Valentine
 (a) Residence, No. 1337 S. 15th. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>December 12, 1864</u>		
7. AGE	YEARS	MONTHS
	<u>74</u>	<u>7</u>
		DAYS
		<u>16</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>At Home</u>	
	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)	<u>Unknown</u> / <u>Illinois</u>	
FATHER	13. NAME	<u>Thomas Valentine</u> / <u>5</u>
	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY)	<u>Unknown</u> / <u>Ireland</u> / <u>1</u>
MOTHER	15. MAIDEN NAME	<u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY)	<u>Unknown</u> / <u>Unknown</u>
17. INFORMANT (ADDRESS)	<u>Robert Valentine</u> / <u>1817 Mitchell Ave St. Joseph, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Mt. Olivet Cent.</u> / <u>St. Joseph, Mo.</u> DATE <u>July 31</u> 19 <u>39</u>	
19. FUNERAL DIRECTOR (NAME) (ADDRESS)	<u>H.O. Sidenfaden & Son</u> / <u>1802 Union Str. St. Joseph Mo.</u>	
20. FILED	<u>July 31, 1939</u> / <u>H.G. Kestelbaum</u> / <u>Local Registrar.</u>	

MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28 1939

22. I HEREBY CERTIFY, That I attended deceased from 7/20, 1939, to 7/28, 1939
 I last saw her alive on 7/28, 1939 Death is said to have occurred on the date stated above, at 7:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Incarcerated pt. / 7/27/39
7 / 28 / 39
Funeral Home / ASB
 Other contributory causes of importance:
Intestinal obstruction - 7/24/39
Heart disease - Arterio Sclerotic
Senility

Name of operation none Date of
 What test confirmed diagnosis Phys. Ex. 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 none
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) H. Thompson / M. D.
 (Address) 825 Charles St. Joseph, Mo.

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 *Albert R. Harrington*.....

Licensed Embalmer No. 3258.....

P. O. Address St. Joseph, Missouri.....

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.