

JAN 21 1940

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

42785
Do not use this space.

1. PLACE OF DEATH
(a) County BUCHANAN Registration District No. 85
(b) Township ST. JOSEPH Primary Registration District No. 1001
(c) City ST. JOSEPH (d) Street No. 922 NORTH 6 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 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME MILLISON - MATILDA - BEARD
(a) Residence, No. 922 N. 6 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 W. H. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Wid.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 15 1854
7. AGE YEARS 85 MONTHS 7 DAYS 20 If LESS than 1 day, hrs. or min.
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) Aug. 1937 11. Total time (years) spent in this occupation 40
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) York County, Penn.
13. NAME Robert Dorrin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Rebecca Knight
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
17. INFORMANT Harold W. Beard (ADDRESS) 512 Joseph Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland DATE Dec 8 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ray Stoney St. Joseph Mo.
20. FILED Dec 7 1939 H. J. Neel Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5 1939
22. HEREBY CERTIFY, That I attended deceased from Dec 5 1939 to Dec 5 1939
I last saw her alive on Dec 5 1939 Death is said to have occurred on the date stated above, 11:30 P.M.
The principal cause of death and related causes of importance were as follows:
Chc Valvular Heart Dis Date of onset 1935
Chc Nephritis 1938
Other contributory causes of importance: 191
Uremic Coma 12/4/39
Name of operation Chronic Date of No
What test confirmed diagnosis? Chronic 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) H. J. Neel M. D.
85 (Address) St. Joseph Mo.

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.

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.....

John H. Hurley
....., Registered Apprentice No.
working under my personal supervision.

Signed *John H. Hurley*
.....

Licensed Embalmer No. *40500*

P. O. Address *2335 St Joseph Ave*

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.