

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.

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DEC APR 4 1938

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

Do not use this space.

1. PLACE OF DEATH

County, Buchanan Registration District No. 8
Township State Hospital # 2 Primary Registration District No. 3071
City, St Joseph (No. State Hospital # 2 St. 512 Ward)

10218
File No. 357
Registered No. 357

2. FULL NAME

(a) Residence, No. State Hosp # 2 St. 512 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 yrs. 1 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>	4. COLOR OR RACE <u>Caucasoid</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>Sabe Monroe</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1866</u>		
7. AGE	YEARS <u>72</u>	MONTHS DAYS If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Nil</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	<u>6</u>
	13. NAME <u>Link</u>	<u>1</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>	<u>1</u>
	15. MAIDEN NAME <u>Link</u>	<u>1</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>	
	17. INFORMANT <u>Charles T. Dodge (per history)</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Liberty, Mo.</u> DATE <u>Mar 28 38</u>		
19. UNDERTAKER (ADDRESS) <u>Wm. A. Archer Co</u>		
20. FILED <u>Mar 28 1938</u> <u>W. J. Nestlepush</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26 1938
22. I HEREBY CERTIFY, That I attended deceased from August 1 1937 to March 26 1938
I last saw her alive on March 26 1938 Death is said to have occurred on the date stated above, at 12:05 P. m.
The principal cause of death and related causes of importance were as follows:

Arterio-Sclerotic heart disease
Generalized Arterio-Sclerosis
Coronary Sclerosis
Other contributory causes of importance:
Exhaustion 95 to 100

Name of operation..... Date of.....
What test confirmed diagnosis? Cholesterol 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) Charles A. Brascher, M. D.
(Address) State Hosp # 2

