

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

35525

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township St. Joseph, Mo. Primary Registration District No. 1001 Registered No. 1043
 (c) City St. Joseph, Mo. (d) Street No. State Hoop # 2 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 1 yrs. 3 mos. 4 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mattie Vertrease

(a) Residence, No. Liberty, Mo. St. Liberty, Mo.
 (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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unk. name

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 6, 1885

7. AGE YEARS 54 MONTHS unk. DAYS 7 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Domestic
 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) Massouri City, Mo. (STATE OR COUNTRY)

FATHER 13. NAME Henry Vertrease

14. BIRTHPLACE (CITY OR TOWN) Clay Co., Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Jane Slaughter

16. BIRTHPLACE (CITY OR TOWN) Massouri City, Mo. (STATE OR COUNTRY)

17. INFORMANT St. George Vertrease (ADDRESS) Liberty, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty, Mo. DATE 10/13/39

19. FUNERAL DIRECTOR (NAME) St. George Vertrease (ADDRESS) Liberty, Mo.

20. FILED Oct 13, 1939 A. J. Hebble Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939 to Oct 13, 1939

I last saw him alive on Oct 13, 1939. Death is said to have occurred on the date stated above, at 11:00 a.m.

The principal cause of death and related causes of importance were as follows:

Tubercular garter Date of onset May 39
34

Other contributory causes of importance:
Secondary Syphilis
manic Depressive Psychosis - Depressed type

Name of operation none Date of _____
 What test confirmed diagnosis? Ch. that 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) A. P. Johnson, M. D.

(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

Edgar Archer.

~~Registered Apprentice No.~~

~~working under my personal supervision~~

Signed

Edgar Archer.

Licensed Embalmer No. *3311*

P. O. Address *Liberty, Mo*

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.