

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

Do not use this space.

0059

AUG 12 1935

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1. PLACE OF DEATH

County Buchanan

Registration District No. 1001

Township Washington

Primary Registration District No. 1001

City St. Joseph, Mo.

No. State Hospital # 2

St. Ray County, Mo.

Ward Richmond, Mo.

2. FULL NAME

(a) Residence, No. State Hospital

St. Richmond, Mo.

Ward Richmond, Mo.

Length of residence in city or town where death occurred 30 yrs. 11 mos. 29 ds.

How long in U. S., if of foreign birth? 30 yrs. 11 mos. 29 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1860

7. AGE

YEARS 75

MONTHS none

DAYS none

IF LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, 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) unknown Ohio

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Pa.

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk Ohio

17. INFORMANT (ADDRESS) Records of State Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE State Hospital #2 DATE July 8, 1935

19. UNDERTAKER (ADDRESS) E. R. Sidenbinder 602 South 10th St

20. FILED 7-8- 19 35 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from admission July 7, 1934, to July 6, 1935

I last saw her alive on July 6, 1935 Death is said to have occurred on the date stated above, at 5 A.M.

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

Ulcerative Colitis with a pelvic peritonitis Date of onset 6/27/35

Other contributory causes of importance:

acute myocarditis
bacterial pneumonia
early pulmonary tuberculosis

Name of operation no Date of no

What test confirmed diagnosis? no Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 19 no

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) Dr. Arthur Smith M. D.

(Address) State Hospital #2 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.

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