

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

Do not use this space.

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38534

1. PLACE OF DEATH

County Buchanan

Registration District No. _____

Township _____

Primary Registration District No. _____

City St. Joseph (No. _____)

State Hosp # 2

File No. _____

Registered No. 1252

2. FULL NAME

(a) Residence, No. 1 Buchanan Mo St. _____ Ward. _____

Richmond Mo

Length of residence in city or town where death occurred 0 yrs. 0 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
About 50 Unknown

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mine 1901

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 107 A

10. Date deceased last worked at this occupation (month and year) # 18 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray county Mo

13. NAME Eppie Holder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray county Mo

15. MAIDEN NAME Mary West

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Mo

17. INFORMANT (ADDRESS) W. H. Lewis Richmond Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 137

19. UNDERTAKER (ADDRESS) C. M. Jones

20. FILED DEC 18 1932 John R. Bender Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 13th 1932 to Dec 17th 1932

I last saw him alive on Dec 16th 1932 Death is said

to have occurred on the date stated above, at 8:30 a.m.

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

Bronchio Pneumonia Date of onset 12/15/32

Other contributory causes of importance: Extensive Burns of Upper & Lower Extremities 12/4/32

due to explosion of stove while

Name of operation home Date of _____

What test confirmed diagnosis? _____ 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 Dec 4, 1932

Where did injury occur? Richmond Mo (Specify city or town, county, and State)

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

Manner of injury Explosion of stove

Nature of injury Extensive burns of upper & lower extremities

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

If so, specify _____

(Signed) J. R. Dunch M. D.

(Address) State Hosp # 2

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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CHANGE OR
REVISION

may be proper
AGH should be stated
is very important

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Joe
Township St. Joe
City St. Joe (No. _____)

Registration District No. 85
Primary Registration District No. 1001

File No. _____
Registered No. 1252
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS)

20. FILED 2-13 1935 John A. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

_____ Date of onset _____
The house did not burn 18
Other contributory causes of importance:
External Burns of upper lower extremities due to explosion of stove in her home

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____
(Signed) _____, M. D.
(Address) _____

SUPPLEMENTARY

N. B. — Every item of information should be carefully noted. AGE should be stated EXACTLY. PHYSICIAN's statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

2-35834