

1938 NOV 23 1938

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

Do not use this space.

36032

1. PLACE OF DEATH

County Jasper  
Township North  
City Bedford (No. 11)

Registration District No. 413  
Primary Registration District No. 5559C

File No. 58  
Registered No. 11 St. Bedford Ward 1

2. FULL NAME

(a) Residence, No. 11 Miss Stanton  
(Usual place of abode) 6615 Grant St. Ward. St. Joseph

Length of residence in city or town where death occurred 1 yrs. 0 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

|  |                                  |   |
|--|----------------------------------|---|
| 3. SEX<br><u>Female</u>  | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widow</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>✓</u> |                                  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 19-1880</u>               |                                  |   |
| 7. AGE YEARS<br><u>57</u>  | MONTHS<br><u>9</u>               | DAYS<br><u>27</u>   |
| If LESS than 1 day, hrs. min.  |                                  |   |

|   |   |
|---|---|
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Housework</u> |
|   | 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<br><u>1</u> |   |

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

13. NAME Ben J Thomas

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

15. MAIDEN NAME Nancy Crowe

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

17. INFORMANT (ADDRESS) Records

18. BURIAL, CREMATION, OR REMOVAL

PLACE Gray Kane DATE 10/6 38

19. UNDERTAKER (ADDRESS) Karr Undertaking Co

20. FILED Nov-20 38 Harry A Weaver

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 29 37, to Oct 16 38

I last saw him alive on Oct 16 1938. Death is said

to have occurred on the date stated above, at 1 P m.

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

Pulmonary Tuberculosis  
Tuberculous Meningitis  
Other contributory causes of importance: 23  
Tuberculous Enter. Catarrh

Name of operation None Date of None

What test confirmed diagnosis? Koch's Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None

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 None

Nature of injury None

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

If so, specify

(Signed) Harry A Weaver M. D.

371 (Address) West City

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.

