

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.

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

85

18704

## 1. PLACE OF DEATH

County Buchanan  
Township Washington  
City St. Joseph

Registration District No. 1001  
Primary Registration District No. 1001

File No. 537  
Registered No. 537  
St. 2 Ward

## 2. FULL NAME

(a) Residence. No. 2709 Seneca St. known  
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. known mos. known ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 7 1843

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
88 6 24

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER Edley Sanger

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Unknown

14. INFORMANT Receiv. State Hospital  
(Address) St. Joseph, Mo.

15. FILED 6-7-32 John H. Bender REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1, 1932

17. I HEREBY CERTIFY, That I attended deceased from April 9, 1932 to June 1, 1932  
that I last saw her alive on June 1, 1932 and that death occurred, on the date stated above, at 10:45 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Broncho-Pneumonia (duration) yrs. mos. ds. 5  
CONTRIBUTORY Senile Psychosis (SECONDARY) Open (duration) yrs. mos. ds. 22

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dr. Charles Smith M. D.

6/1, 1932 (Address) St. Joseph Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Mt. Auburn Bur June 2, 1932

20. UNDERTAKER

ADDRESS

E. R. Sidenyden 602 So. 10

