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

Do not use this space.

30568

File No. 4076

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Blue — Primary Registration District No.: 1007

City: Leeds (No. Tuberculosis Hospital St. Ward)

2. FULL NAME: Juneau, Wm.

(a) Residence. No. 2638 E 30th St., Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. 11 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 30 1875

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
52	X	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY): Kan

PARENTS

10. NAME OF FATHER: Juneau, Bonduel

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY): Wis

12. MAIDEN NAME OF MOTHER: Daugherty, Adeline

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY): Ohio

14. INFORMANT: J. B. Hopp

(Address): Leeds - Mo.

15. FILED 10/28 1927 M. M. Crouse Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 26 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 10, to Oct. 26, 1927, that I last saw him alive on Oct 23, 1927, and that death occurred, on the date stated above, at 6 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

23A

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 31

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings

(Signed) J. Perlinta Mauf M. D.

10/27 1927 (Address) 3 K.C. 2844

*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
Manhattan Kansas	Oct 28 1927
20. UNDERTAKER	**ADDRESS**
R. V. Lindsay & Sons	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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD