

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

Do not use this space.

13344

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Town Ray Primary Registration District No. 1002  
Manassas City (No. 1006 Hoodland) St. Ward  
 2. FULL NAME Gussie Nett  
 (a) Residence No. 1006 Hoodland Ward 7  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Fe 4. COLOR OR RACE Colored 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) May. 23. 1895  
 7. AGE: YEARS 33 MONTHS 0 DAYS 19 If LESS than 1 day, hrs. or min.  
 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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/12 1928  
 17. I HEREBY CERTIFY, That I attended deceased from Apr 1 1928, to April 12 1928 that I last saw her alive on Apr 12 1928, and that death occurred, on the date stated above, at 12:20 P.M.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Lobar Pneumonia  
150 / 10/1 W (duration) yrs. mos. 13 da.  
 CONTRIBUTORY (SECONDARY)  
 (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY)  
 10. NAME OF FATHER Gus Renfro  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo. (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Julia Bartock  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo. (STATE OR COUNTRY)

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 (Signed) M. H. Foster, M. D. (Address) 1029 Tipton  
 \*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.

14. INFORMANT (Address) Therese Nett 1006 Hoodland  
 15. FILED 4-13-28 M. M. Crowe REGISTRAR  
asst

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Highland Cem. DATE OF BURIAL 4/16 1928  
 20. UNDERTAKER Hatkins Bros ADDRESS 1729 Lyda

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.

Fenster.