

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Blue
~~Independence~~

Registration District No. 398
Primary Registration District No. 3019

File No. 35457
Registered No. 377
St. _____ Ward _____

2. FULL NAME

Mary Munsbaum
(a) Residence No. 482 West River St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 3 mos. _____ da. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 24-1866

7. AGE YEARS MONTHS Days If LESS than 1 day, _____ hrs. or _____ min.
62 5 7

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Iowa

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Jasper Phillips (Address) 482 West River St. Independence Mo.

15. FILED 11/5-28 F. L. COOK REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 31 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 31 1928, to Oct 31 1928, that I last saw h. or alive on Oct 27 1928, and that death occurred, on the date stated above, at 9:30 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Metastatic adenocarcinoma with metastatic involvement of lungs, liver, spleen & kidneys.

CONTRIBUTORY Chronic endocarditis (SECONDARY) (duration) 20 yrs. _____ mos. _____ da.

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) Robert Green M. D. Nov 1, 1928 (Address) Independence 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 Mound Grove Cem. DATE OF BURIAL Nov. 4th, 1928

20. UNDERTAKER L. D. Carson & Son ADDRESS Independence Mo.

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.

22 1920

THIS IS A PERMANENT RECORD

