

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

Do not use this space.

40748

1. PLACE OF DEATH

County Jackson
Township Laurel
City Russell City (No. 439)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 5124
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 439 W. 15 St. 1 Ward. _____

(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 30 - 1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
40 9 14

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Power Machine Operator
(b) General nature of industry, business, or establishment in which employed (or employer) Goodnights & Co
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

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 Mrs Chas Campbell
(Address) 439 W 15

15. FILED 12/14 1928 M M. Conner REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 14 1928

17. I HEREBY CERTIFY That I attended deceased from Dec. 6, 1928, to Dec. 14, 1928 that I last saw him alive on Dec. 14, 1928, and that death occurred, on the date stated above, at 2:25 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
(duration) _____ yrs. mos. ds.
CONTRIBUTORY Lobar Pneumonia
(SECONDARY) (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT IN PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Physical diagnosis
(Signed) R. B. Smith M.D.
14, 1928 (Address) 315 W. 15th Bldg.

*State the DISEASE CAUSING DEATH, if of violent nature, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Goodlin Mo DATE OF BURIAL Dec. 14 1928

20. UNDERTAKER Chas P. Doehler ADDRESS 1415 E 15

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

N. B.—Every item of information should be carefully supplied. AGB 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.

