

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

Do not use this space.

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1. PLACE OF DEATH

County Bollinger Registration District No. 67
Township Liberty Primary Registration District No. 3704
City (No.) St. Ward (No.)

File No.
Registered No. 5

2. FULL NAME

Melba W. Husman

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

Length of residence in city or town where death occurred yrs. 8 mos. 29 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 (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 18 - 1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
8 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer None

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Bollinger Co

10. NAME OF FATHER

Charley Husman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Bollinger Co

12. MAIDEN NAME OF MOTHER

Johanna King

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Bollinger Co

14.

INFORMANT Chas Neufuss
(Address) Washin mo

15.

FILED 1/19 1929 W. H. ...
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 9 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 9 1929, to Jan 9 1929, that I last saw her alive on Jan 9 1929, and that death occurred, on the date stated above, at 8 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza and Bronchial pneumonia of both lungs

CONTRIBUTORY (SECONDARY)

Influenza (duration) yrs. mos. 8 da.
3

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: at place of death

DID AN OPERATION PRECEDE DEATH. DATE OF ...

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination

(Signed) K. M. ..., M. D.

, 19 29 (Address) Washin 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

Barker Chappelle Jan 11 1929

20. UNDERTAKER

ADDRESS

P. Anger Washin mo

N. E.—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.

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