

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

Do not use this space.

1392

1. PLACE OF DEATH

County Jackson
Township Blue
City Indip. Mo (No. _____)

Registration District No. 398
Primary Registration District No. 3019

File No. _____
Registered No. 29
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 507 E College Ward _____

(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Joseph Bander

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 9 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
62 11 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) Home
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Humboldt Neb.
(STATE OR COUNTRY)

10. NAME OF FATHER Don't know

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

12. MAIDEN NAME OF MOTHER Don't know

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

14. INFORMANT Joe Bander
(Address) 507 E College

15. FILED 1-30-1929 F. L. Cook
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 26 19 29

17. I HEREBY CERTIFY that I attended deceased from Aug 1, 1928, to Jan 26, 1929, and that I last saw her alive on Jan 26, 1929, at 7:30 p. m. and that death occurred, on the date stated above, at 7:30 p. m.

THE CAUSE OF DEATH WAS AS FOLLOWS
Cardiac Collapse (acute)
92 A
95 B

CONTRIBUTORY (SECONDARY) Chronic Endocarditis
(duration) yrs. mos. da. 2

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? Clinical & x-ray
(Signed) P. H. Magee M. D.

1-28, 1929 (Address) Indip. 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 Woodlawn Bur. DATE OF BURIAL 1-28, 19 29

20. UNDERTAKER Ch. Larson ADDRESS Indip. Mo

FILED WITH OBTAINING INK--THIS IS A PERMANENT RECORD

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.

