

FEB 22 1929

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

Do not use this space.

1400

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence (No. St. Ward)

Registration District No. 398
Primary Registration District No. 3019

File No.
Registered No. 21

2. FULL NAME

Lucinda Conger
(a) Residence. No. 1021 West College
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-11-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
71 4 22 = min.

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) Manchester
(STATE OR COUNTRY) Indiana

10. NAME OF FATHER William H. Baker

11. BIRTHPLACE OF FATHER (STATE OR COUNTRY) Manchester
Indiana

12. MAIDEN NAME OF MOTHER Margt. Collier

13. BIRTHPLACE OF MOTHER (STATE OR COUNTRY) Manchester
Indiana

14. INFORMANT Samuel H. Conger
(Address) 1021 West College

15. FILED 1-7, 1929 J. L. Cook REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 3 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1928, to Jan 3, 1929, that I last saw her alive on Jan 3, 1929, and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia
11A
107A

(duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (SECONDARY) Influenza

(duration) ... yrs. ... mos. 6 ds.

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) C. Stoller M. D.

1-4-, 1929 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 Mt. Washington DATE OF BURIAL 1-5 1929

20. UNDERTAKER Ott & Mitchell ADDRESS Indep. 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.

