

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.

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

Do not use this space.

1764

1. PLACE OF DEATH

County JacksonRegistration District No. 3000Township KeanPrimary Registration District No. 1002City Kennett(No. 1719 Kansas Ave)File No. 356Registered No. 356St. Kans

Ward

2. FULL NAME

(a) Residence, No. 1719 Kansas Ave, St. Mo. Ward. 17

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds.How long in U.S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F.

4. COLOR OR RACE

Negro

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Mar 1867

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 0 hrs. 0 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Brunswick

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

D. F. Dukes

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

12. MAIDEN NAME OF MOTHER

Malinda Lynch

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

14.

INFORMANT

Mr. Miles

(Address)

1719 Kansas Ave

15.

FILED

1-24-29M. M. Crowe
asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 23rd 1929

17.

I HEREBY CERTIFY, That I attended deceased from 1-23-29, 1929, to 1-23-29, 1929, and that I last saw her alive on 1-23-29, 1929, and that death occurred, on the date stated above, at 10 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia108

CONTRIBUTORY

(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF noWAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS Clinical(Signed) D. O. H. A. Haaker, M. D.1/24, 1929 (Address) 1523 E. 18th K.C. 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

Brunswick Mo1-27-1929

20. UNDERTAKER

ADDRESS

Flynn + GreenstreetK.C. Mo

