

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

Do not use this space.

5578

85

**PLACE OF DEATH**

County Buchanan

Registration District No. 1001

Township

Primary Registration District No.

City St. Joseph, Mo. (No. 701 South Tenth)

File No.

Registered No. 296

St.

Ward

**2. FULL NAME**

(a) Residence. No. 701 South 10th St.,

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos.

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)**

Infant

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

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

February 14, 1929

**7. AGE**

YEARS

MONTHS

DAYS

11 LESS than 1 day, hrs. or min.

**8. OCCUPATION OF DECEASED**

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

Infant

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

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

St. Joseph

(STATE OR COUNTRY)

Missouri

**10. NAME OF FATHER**

John De Witt

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

Oak Park

(STATE OR COUNTRY)

Illinois

**12. MAIDEN NAME OF MOTHER**

Laverne Keubler

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

Lawrence

(STATE OR COUNTRY)

Kansas

**14.**

INFORMANT

John De Witt

**15.**

FILED

701 South 10th

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

February 25, 1929

**17.**

I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1929, to Feb. 25, 1929

that I last saw her alive on Feb. 25, 1929, and that death occurred, on the date stated above, at 11:50 P. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Influenza

**CONTRIBUTORY (SECONDARY)**

Cyanosis due to improper pulmonary circulation from birth.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

**19. DID AN OPERATION PRECEDE DEATH?**

No. DATE OF -

WAS THERE AN AUTOPSY?

No.

**WHAT TEST CONFIRMED DIAGNOSIS?**

Clinical exam.

(Signed)

Swenson

M. D.

2/26, 1929 (Address) 1014 Sylvan St. Joseph, 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**

Memorial Park

Feb. 27, 1929

**20. UNDERTAKER**

**ADDRESS**

Shuman Funeral Home

1208 Francis

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.

FEB 26 1929

