

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

Do not use this space.

13
18
9958

PLACE OF DEATH

County Calay
Township St. Lawrence
City Blue Springs (No. _____)

Registration District No. 198
Primary Registration District No. 3011

File No. _____
Registered No. 27 (St. _____ Ward)

2. FULL NAME

Messie Mundy
(a) Residence, No. 112 E. Broadway St., _____ Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. _____ ds. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. COLOR OR RACE

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

Female White Widow

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

James E. Mundy

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

Mar 11 - 18 45

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

83

11

27

8. OCCUPATION OF DECEASED

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

at home

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo -

10. NAME OF FATHER

Thurston Knight

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo -

12. MAIDEN NAME OF MOTHER

Mary J. Hardy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo -

14.

INFORMANT
(Address)

Mrs. Fannie B. Turner
4708 S. Schell St. E. Rd. Mo.

15.

FILED

3-9-29

19

J. D. Crowe

REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

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

3-8-1929

17.

I HEREBY CERTIFY, That I attended deceased from _____

_____ 1929 to _____ 1929
that I last saw him alive on _____ 1929, and that death occurred, on the date stated above, at _____ 1030 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

CONTRIBUTORY (SECONDARY)

arteriosclerosis
Senility (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Don't know

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) H. G. Plask, M. D.

, 19 _____ (Address) Blue Springs, 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

Blue Springs Mar. 9 1929

20. UNDERTAKER

ADDRESS

Thurston Knight
Blue Springs

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.

