

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

Do not use this space.

13287

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 3  
City Sage (No. Chey 1000)  
St. .... Ward)

File No. ....  
Registered No. 2853  
St. .... Ward)

**2. FULL NAME**

Lillian Mundy  
(a) Residence No. 1206 Armstrong St., 22 Ward.  
(Usual place of abode)  
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? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE of

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 14 - 1918

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>17</u>	<u>5</u>	<u>14</u>	

**8. OCCUPATION OF DECEASED**

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

**10. NAME OF FATHER**

Chas Eller

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

(STATE OR COUNTRY) Illinois

**12. MAIDEN NAME OF MOTHER**

Lala Miller

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

(STATE OR COUNTRY) Illinois

**14.**

INFORMANT Chas Eller  
(Address) Chey 1000

**15.**

FILED 30 1929 May Estabrook  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 28 1929

17. I HEREBY CERTIFY That I attended deceased from March 27, 1929 to March 28, 1929 that I last saw him alive on March 28, 1929, and that death occurred, on the date stated above, at 8:55 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Septicemia following acute Gonorrhea (serplococci)  
(duration) yrs. mos. ds.

CONTRIBUTORY non Rheumatic  
(SECONDARY) (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF BIRTH 104 B St

DID AN OPERATION PRECEDE DEATH DATE OF

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. H. ... M. D.  
(Address) Chey 1000

\*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**

Verhalla Cen

**DATE OF BURIAL**

Mar 31 1929

**20. UNDERTAKER**

E. J. Behner  
ADDRESS 3125 Lafayette

WRITE PLAINLY, WITH UNFADING 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.

25  
2  
2  
2

Mundy.