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

Do not use this space.

18284

File No. 2229

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No. 399

Township: — Primary Registration District No. 1002

City: Kansas City (No. 5912 Cherry St. Ward)

2. FULL NAME Mrs. Luann Jarman

(a) Residence. No. 5912 Cherry St., 8 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 19, 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	74	3	0	

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) Dont Know
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Drury Ragsdale

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dont know
(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Melcine Nesbett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Dont know

14. INFORMANT R. F. Jarman
(Address) 5912 Cherry

15. FILED 5/20, 1929 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 19 1929

17. I HEREBY CERTIFY, That I attended deceased from Mch 1, 1929, to May 19, 1929, that I last saw h. alive on May 17, 1929 and that death occurred, on the date stated above, at 8:06 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Apoplexy
82A
Mch 1/29
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) O. W. Counsell, M. D.
5/19, 1929 (Address) 608 Commerce

*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: Forest Hill — DATE OF BURIAL: 5/21, 1929

20. UNDERTAKER: Freeman Mortuary — ADDRESS: 104 W 12nd.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Sr. W. A. Connell
608 [illegible] Bldg
Vi. 9317