

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

Do not use this space.

28057

1. PLACE OF DEATH

County Jackson Registration District No. 404
 Township East Washington Primary Registration District No. 8854
 City Kennett 220 W. 80th Terrace (Ward)

File No. _____
 Registered No. 84

2. FULL NAME

Eva J. Commons
 (a) Residence. No. 220 W. 80th Terrace Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 21, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 3 4

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) Plainfield
 (STATE OR COUNTRY) Ind.

10. NAME OF FATHER Jessie M Lacy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Rachel Whipps

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

14. INFORMANT Finis W. Commons
 (Address) 220 W. 80th Terrace

15. FILED Aug 29, 1929 R. P. Crummett
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 25 1929

17. I HEREBY CERTIFY, That I attended deceased from July 20 1928 to Aug. 23 1929
 that I last saw her alive on Aug. 23 1929, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage -
82A
97

CONTRIBUTORY arterio-sclerosis
 (SECONDARY) (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Home

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) E. Kemley M. D.

, 19 (Address) 206 Argyle Bldg -

*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 Joplin, Mo. DATE OF BURIAL Aug 26 19 29

20. UNDERTAKER A. H. Newcomer ADDRESS St. Louis, Mo.

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.

48
2
929

31

2

11-5.