

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

Do not use this space.

40067

1. PLACE OF DEATH

County Polay Registration District No. 197
 Township Salisbury Primary Registration District No. 5276
 City (No.) St. Ward

File No.
 Registered No. 75
 St. Ward

2. FULL NAME

Virginia P. Wyman

(a) Residence. No. 21. K. B. Mo. R. # 11 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 68 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 W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-3-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 2 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) Polay Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Ambrose Paca

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

12. MAIDEN NAME OF MOTHER Laurie Barber

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

14. INFORMANT Mrs. L. M. Whisman
 (Address) Liberty Mo.

15. FILED 12/31, 1929 W. R. Daqq REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 29 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1929 to Dec 30, 1929 that I last saw h. alive on Dec 30, 1929, and that death occurred, on the date stated above, at 5:50 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Ruptured lobes pneumonia

11A
108
1748 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Exposure influenza

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS Clinical findings
George R. Daqq M. D.

(Signed) 12/31, 1929 (Address) North Kansas City 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 Liberty Mo. DATE OF BURIAL 1-1 1930

20. UNDERTAKER Mrs. L. M. Whisman ADDRESS Liberty Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

1929

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