

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

Do not use this space.

218

1. PLACE OF DEATH

11 County Buchanan
5 Township St Joseph
City St Joseph (No. St Joseph's Hosp)

Registration District No. 85
Primary Registration District No. 1001

File No. _____
Registered No. 61
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 519 20 9 St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 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 M
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 15 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 8 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work
(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)
Platte Co Mo

10. NAME OF FATHER J. A. Blinn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
Buchanan Co Mo

12. MAIDEN NAME OF MOTHER Gertie McMillan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)
Clinton Co Mo

14. INFORMANT J. B. Huney
address St Joseph Mo

15. FILED JAN 15 1930 John S. W. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 13 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 6 1930 to Jan 13 1930 that I last saw her alive on Jan 13 1930 and that death occurred, on the date stated above, at 6:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Menigitis Acute
11B
799

(duration) yrs. mos. ds. 3
CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. ds. 8

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 Chemical
(Signed) A. R. Johnson M. D.
1/17 1930 (Address) St Joseph 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 Edendale Cemetery DATE OF BURIAL Jan 16 1930

20. UNDERTAKER Heaman Funeral Home ADDRESS 1946 Colburn

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.

235

JAN 15 1930

