

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

Do not use this space.

4950

600

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Raw

Primary Registration District No. 1002

City Manassas City (No. 2631)

Bellevue

File No. _____

Registered No. _____

St. _____

Ward _____

2. FULL NAME

(a) Residence. No. 2631 Bellevue 3 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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Marshall Van Meter

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

Aug 4 / 08

7. AGE

YEARS

MONTHS

DAYS

At LESS than 1 day, _____ hrs. or _____ min.

21

6

3

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)

Kansas City, Mo

(STATE OR COUNTRY)

10. NAME OF FATHER

John Rabbits

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Ireland

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Sarah Hiley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Missouri

(STATE OR COUNTRY)

14.

INFORMANT

Marshall Van Meter

(Address)

(Husband)

15.

FILED

2/8 30 M McCrow

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Feb 7 / 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1930, to Feb. 7, 1930, and that I last saw h. ex. alive on Feb. 7, 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar pneumonia

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

0 DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Peeler, Annie M. D

25 (Address) 620 S. W. Blvd

*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

DATE OF BURIAL

St. Marys Cemetery

Feb 10 1930

20. UNDERTAKER

ADDRESS

Quirk & Robin - 20 1/2 Linwood

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.

235-1-15

