

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

Do not use this space.

5255

**1. PLACE OF DEATH**

County Jackson  
Township Blue  
City Leeds

Registration District No. 399  
Primary Registration District No. 1002  
(No. Leeds, T. B. Roy)

File No. 1 913  
Registered No. 913  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Dishman, Runder Paul  
(a) Residence. No. 2421 Perry St. 9 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 7-1913

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	16	2	20	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work School Boy  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Salina  
(STATE OR COUNTRY) Kansas

10. NAME OF FATHER Dishman Clarence

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Runder

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Mo.

14. INFORMANT C. J. Dishman  
(Address) 2421 Perry Ave

15. FILED 7/27 1930 M. M. Browne REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2 - 27 1930

17. I HEREBY CERTIFY, That I attended deceased from 2 - 11 1930, to 2 - 27 1930 that I last saw him alive on 2 - 28 1930, and that death occurred, on the date stated above, at 8:30 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY) 31 (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 microscopical

(Signed) George C. Lee, M. D.  
127, 1930 (Address) 1022 Myrtle Bldg. No. 10 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 Black Water Cem DATE OF BURIAL May 1 1930

20. UNDERTAKER Rose & Henderson ADDRESS City Mo

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Dr. G. Lee