

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

Do not use this space.

12667

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township New Primary Registration District No. 1002
City Kansas City (No. 5301, Charlotte)

File No. _____
Registered No. 1594
St. _____ Ward _____

2. FULL NAME

Miss Josephine M. Guard

(a) Residence No. 5301 Charlotte St. 6 Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fr 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 17th 1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
87 11 23

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) (STATE OR COUNTRY) France

10. NAME OF FATHER Francis X Lamm

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

12. MAIDEN NAME OF MOTHER Ann Le Duh

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

14. INFORMANT Miss Ernestine Guard (Address) 5301 Charlotte

15. FILED 4/11 30 M. M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 10 1930

17. I HEREBY CERTIFY, That I attended deceased from April 1925, to April 10, 1930 that I last saw h. alive on April 10, 1930 and that death occurred, on the date stated above, at 9, a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Bronchitis
(non tubercular)

1077A
10000 (duration) 5 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Pneumo-pneumonia (duration) _____ yrs. _____ mos. 2 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 Physical signs
(Signed) J. Stearns M. D.

April 10, 1930 (Address) 925 E 15th

*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 Cadaverium Room DATE OF BURIAL 4-12 1930

20. UNDERTAKER W F Mayberry ADDRESS City

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.

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