

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

Do not use this space.

12876

1. PLACE OF DEATH

County Jackson
Township Kaw
City Leans as City Mo (No. 5400 Wabash)

Registration District No. 399
Primary Registration District No. 1000

File No. _____
Registered No. 12876
St. _____ Ward)

2. FULL NAME

(a) Residence No. 5400 Wabash St. 15 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lewis Lantz</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 18-1882</u>		
7. AGE <u>47</u>	YEARS <u>4</u>	MONTHS <u>5</u>
		DAYS <u>5</u>
		If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Allen laumonts
(STATE OR COUNTRY) Kans

PARENTS	10. NAME OF FATHER <u>John Weaver</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>North Virginia</u>
	12. MAIDEN NAME OF MOTHER <u>Berilla de Kinney</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>West Virginia</u>

14. INFORMANT Louis J Lantz
(Address) Hutchington Kans

15. FILED 4/25 30 M.M. Crooe
REGISTRAR Crooe

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 23 1930

17. HEREBY CERTIFY, That I attended deceased from Dec 5 1930, to April 23 1930
that I last saw h. er. alive on April 23 1930, and that death occurred, on the date stated above, at 3:30 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
hemorrhage
419
103 B

(duration) yrs. 0 mos. ds.

CONTRIBUTORY Carcinoma cervix
(SECONDARY) (duration) 0 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID OPERATION PRECEDE DEATH? DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Ed Sherman M. D.
4/23 1930 (Address) 1102 E 47th 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 Zola Kansas DATE OF BURIAL April 25 1930

20. UNDERTAKER John W Wagner ADDRESS 1409 Grand Ave

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

