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

Do not use this space.

25519

File No.
Registered No.

1. PLACE OF DEATH
County: Pulaski
Township: Grand Pass
City: Malta Bend (No. , St. Ward)
Registration District No. 795
Primary Registration District No. 4476

2. FULL NAME: Laura Ella Lunbeck

(a) Residence. No. 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.

AUG 20 1930

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
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): Feb 20 1882

7. AGE: Years 48 | Months 5 | Days 3 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Dress Maker
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Potosi
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Oscar Lunbeck
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Frances A Motley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Alton Ill

14. INFORMANT: Oscar Lunbeck
(Address): Malta Bend

15. FILED 7-25-1930 Mrs. Mary Blackburn
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from May 16, 1923, to July 23, 1930, that I last saw h. alive on July 23, 1930, and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis.
131
112 (duration) 10+ yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Cystitis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Here
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Fred A. Stall, M. D.
7-24-1930 (Address) Malta Bend 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: Malta Bend Cem
DATE OF BURIAL: July 25 1930

20. UNDERTAKER: L. R. Vandiver
ADDRESS: Marshall Mo.

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.