

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

Do not use this space.

26981

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township KAW Primary Registration District No. 1002
City Mansas City (No. 551 Park Ave)

File No. 3598
Registered No. 3598
St. _____ Ward _____

2. FULL NAME

Velma Irene Radspinner
(a) Residence No. 551 Park Ave 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 23-1930</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>2</u>	<u>8</u>	<u>8</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>none</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 31 1930

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Bronchial-Pneumonia (Primary)

107A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 107A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS chest x-ray
(Signed) Alvin C. Lough
8/31, 1930 (Address) _____

9. BIRTHPLACE (CITY OR TOWN) Mansas City Mo
(STATE OR COUNTRY)

10. NAME OF FATHER John A. Radspinner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Humbolt South Dakota

12. MAIDEN NAME OF MOTHER Rettie Owen

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

14. INFORMANT Mrs John Radspinner
(Address) 551 Park Ave.

15. FILED 9/1 1930 M. M. Corowe
REGISTRAR

*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 Maple Hill Kans City Mo DATE OF BURIAL Sept 1 1930

20. UNDERTAKER Passantino Bros ADDRESS 2117 Indep Ave

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.

