

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

Do not use this space.

33160

1. PLACE OF DEATH

County Jackson
Township Blue
City Leeds, N. C. Mo. (No. Leeds Hospital)

Registration District No. 351
Primary Registration District No. 3062

File No. _____
Registered No. 1302
St. _____ Ward _____

2. FULL NAME

Ginger Hazel

(a) Residence No. 2807 E. 78th Terrace St. 16 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Michael Ginger

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Aug 15, 1902

7. AGE

28 YEARS

2 MONTHS

13 DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(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)

Nebraska

10. NAME OF FATHER

John Buble

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

Ohio

12. MAIDEN NAME OF MOTHER

Marie Ank

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

Germany

14. INFORMANT (Address)

Peers of TB Hospital, Leeds TB Hosp

15. FILED

10/30, 1930 M. M. Crowe
Assn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 28 1930

17. I HEREBY CERTIFY That I attended deceased from Sept. 1, 1930 to Oct 28, 1930 that I last saw her alive on Oct 28, 1930, and that death occurred, on the date stated above, at 10:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

23 R

(duration) over 1 year yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

31

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? X-ray, Laboratory
(Signed) Walter A. Kerman M. D.

Oct 30, 1930 (Address) 733 Kettle Bldg K.C., 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

Leeds Cemetery

DATE OF BURIAL

Oct 31, 1930

20. UNDERTAKER

Alfred Sheehan

ADDRESS

K.C. Mo

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.

391 German
An Walter Hermann
Phone Vain 287