

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.

DEC 22 1930

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

Do not use this space.

1. PLACE OF DEATH

County Jackson  
Township Blue  
City Independence (No. Independence mo)

Registration District No. 398  
Primary Registration District No. 5554

File No. 36026  
Registered No. 351  
St. Rd 21 Ward

2. FULL NAME

Susannah Matilda Funk  
(a) Residence. No. Grand mo St., Grand mo Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred 5 yrs.  mos.  ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (writes the word) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan-28-1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 9 20

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) Retired  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) DeKalb co (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Milton Russell

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

12. MAIDEN NAME OF MOTHER Margaret Carnes

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

14. INFORMANT Mrs R A Smith (Address) Grand mo

15. FILED 11-17-30 J L Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 17 1930

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

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Haemorrhage  
131  
82A

CONTRIBUTORY (SECONDARY) Ch Interstitial Nephritis (duration) 2 yrs. 6 mos. 2 ds. (duration) 5-6 yrs.  mos.  ds.

18. WHERE WAS DISEASE CONTRACTED 1290 (duration) 2 yrs. 6 mos. 2 ds.

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF  WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? clinical (Signed) Georgette Ryan M.D. 11-17-30 (Address) Independence 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 Cadmus Ks DATE OF BURIAL 17th 1930

20. UNDERTAKER Durgenomics Saw ADDRESS K.C.

