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

Do not use this space.

36105

1. PLACE OF DEATH
County Jackson
Township Kan
City KC (No. Wesley Hosp 902 St. Ward)
Registration District No. 399
Primary Registration District No. 1
File No.
Registered No. 4510

2. FULL NAME Mrs Susan V. La Fonda
(a) Residence. No. 3410 Olive St., 13 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.

3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Fe	Wh	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-28-1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
71		2	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(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) Mo

PARENTS
10. NAME OF FATHER Nelson Tuke
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) South Carolina
12. MAIDEN NAME OF MOTHER Mary Jane Hoover
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Pennsylvania

14. INFORMANT Mrs Addie Burkhalter
(Address) San Diego Calif

15. FILED 11/7, 1930 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-7 1930

17. I HEREBY CERTIFY, That I attended deceased from 11-1, 1930, to 11-7, 1930 that I last saw her alive on 11-7, 1930, and that death occurred, on the date stated above, at 9-30a m.

THE CAUSE OF DEATH* ~~WAS AS~~ FOLLOWS:
Peritonitis
1-1A
1-2
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Gangranous Ruptured appendix (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH? Her home
DID AN OPERATION PRECEDE DEATH? DATE OF Nov 1-30
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Edw M Miers M. D.
11/7, 1930 (Address) 901 Chambers Bldg

*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 Mt Wash
DATE OF BURIAL 11-10 1930

20. UNDERTAKER Dill Newcomer & Son
ADDRESS Kcmo