

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

Do not use this space.

39851

1. PLACE OF DEATH

County Jasper
Township Webb City
City Webb City (No. _____)

Registration District No. H19
Primary Registration District No. 3021

File No. _____
Registered No. 154
St. _____ Ward _____

2. FULL NAME

Mrs Jennie Van Fossen
(a) Residence. No. 614 N. Webb St. _____ Ward _____
(Unual 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: 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: G. W. Van Fossen

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 18, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hra. ormin.
	<u>69</u>	<u>X</u>	<u>12.</u>	

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

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

10. NAME OF FATHER: John Lunsford

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

12. MAIDEN NAME OF MOTHER: Adelide Britten

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

14. INFORMANT: H. W. Van Fossen
(Address): Webb City, Mo.

15. FILED: 1/30/30 REGISTRAR: R. M. Stormont

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 30 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 26 1930 to Dec 30 1930 that I last saw her alive on Dec 30 1930 and that death occurred, on the date stated above, at 1:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardio renal disease
95B
111B (duration) yrs. mos. ds.
CONTRIBUTORY Pulmonary edema
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED: POB
IF NOT AT PLACE OF DEATH: _____

8 DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS: _____
(Signed) R. M. Stormont, M. D.

1/30/30 (Address) Webb City, 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: Webb City DATE OF BURIAL: Jan 2 1931

20. UNDERTAKER: Steele Und. Co. Webb City, Mo. ADDRESS: _____

X. 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.

JAN 20 1931

