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

Do not use this space.

40106

JAN 20 1931

1. PLACE OF DEATH

County Marion — Registration District No. 548 — File No.

Township ~~Liberty~~ — Primary Registration District No. 4320 — Registered No. 55

City Palmyra (No. ..... St. ..... Ward)

2. FULL NAME Lucy Johnson Mundy

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	Negro	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	67	-	-	

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) Palmyra, Missouri.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Adam Wiseman

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

12. MAIDEN NAME OF MOTHER No record

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

14. INFORMANT Arthur Marshall
(Address) Palmyra, Mo.

15. FILED 12/30, 1930 [signature] REGISTRAR

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 30th, 1930, to Dec 30th, 1930 that I last saw her alive on Dec. 30, 1930, and that death occurred, on the date stated above, at 6:30 p.m.

~~THE~~ CAUSE OF DEATH* WAS AS FOLLOWS:
Stroke - apoplexy
82 A

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

CONTRIBUTORY (SECONDARY) [signature]

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Dont know

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) W. C. Oneal, M. D.

12/30/, 1930 (Address) Palmyra, 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 Greenwood Cemetery Palmyra Mo — DATE OF BURIAL Jan. 2, 1931

20. UNDERTAKER Lewis Bros — ADDRESS Palmyra, 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD