

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

Do not use this space.

1. PLACE OF DEATH

County DeKalb
Township Collins Hill
City (No)

Registration District No. 289
Primary Registration District No. 5407

File No. 798
Registered No. 6
St. _____ Ward _____

2. FULL NAME Hueda Lamunio

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1 MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5 1931

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF James G. Lamunio

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1930, to Jan 5 1931

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-3-1877

I last saw her alive on Dec 12.5 1931. Death is said

7. AGE YEARS 53 MONTHS 5 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

to have occurred on the date stated above, at 3 P. M.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bookkeeping
10. Date deceased last worked at this occupation (month and year) Dec 1930
11. Total time (years) spent in this occupation Life

Lobar Pneumonia
Date of onset 12/24/30

Other contributory causes of importance:
W8
(D)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

Name of operation none Date of _____

13. NAME Jesse Mitchell

What test confirmed diagnosis? clinical Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Charlotte Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT J. G. Lamunio
(ADDRESS) 1441 Maiden Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Older Cemetery DATE 1/6/ 1931

19. UNDERTAKER W. P. Craig
(ADDRESS) Malden Mo

20. FILED 1/15/ 1931 J. E. Mitchell
Registrar.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. E. Mitchell, M. D.

(Address) Malden 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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

FEB 18 1931

