

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

Do not use this space.

9183

1. PLACE OF DEATH

County Clay Registration District No. 197
 Township Gallatin Primary Registration District No. 5276
 City North Kansas (No. 170) St. Home Ward)

File No. 9183
 Registered No. 13

2. FULL NAME

(a) Residence. No. 401 E 14th St. St. Home Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 Chancy D Streeter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 12 - 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 0 6

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) 295
 (c) Name of employer

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

PARENTS
 10. NAME OF FATHER Robert Miller
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Mary
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
 (STATE OR COUNTRY)

14. INFORMANT Chancy D Streeter
 (Address) 401 E 14th St. N. Kansas

15. FILED 3/18 1931 GR Haagy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 18 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar. 14, 1931, to Mar. 17, 1931 that I last saw her alive on Mar. 17, 1931, and that death occurred, on the date stated above, at 3 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
Right. Upper
lobes (duration) yrs. mos. 4 ds.
 CONTRIBUTORY (SECONDARY) 108 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH... DID AN OPERATION PRECEDE DEATH? No DATE OF... WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical signs
 (Signed) H. C. Lemkau, M. D.
3/18 1931 (Address) North Kansas

*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 La Londe, Mo. DATE OF BURIAL 3/19 1931

20. UNDERTAKER Morton & Co. N. Kansas ADDRESS

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.

WHILE PRINTING WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 21 1931

