

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township Law  
City K. C. Mo

Registration District No. 399  
Primary Registration District No. 1007  
(No. of Joseph Hospital)

18278

File No. 3500  
Registered No. 1200  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. Buckner Mo St. \_\_\_\_\_ 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.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 2 - 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
40 3 29

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housekeeper  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Windsor  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER George Hustubise

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Syraence  
(STATE OR COUNTRY) New York

12. MAIDEN NAME OF MOTHER Sarah Faulby

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Indiana

14. INFORMANT My Viola McBrose  
(Address) Parkville Mo

15. FILED May 31, 1931 M. M. Croave  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 31 1931

17. I HEREBY CERTIFY, That I attended deceased from May 26 1931, to May 30 1931, that I last saw him alive on May 26 1931, and that death occurred, on the date stated above, at 1 A m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Myocarditis  
1915  
177 B  
95" (duration) yrs. mos. ds.  
CONTRIBUTORY Chronic Cholecystitis and  
(SECONDARY) Cholelithiasis (duration) 23 yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? Yes DATE OF May 27 - 1931  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
(Signed) Eugene P. Hamilton M.D.  
5-31-1931 (Address) 602 Argyle K. C. 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 Buckner Mo DATE OF BURIAL 5-31 1931

20. UNDERTAKER Spine and McClure ADDRESS K. C. Mo

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

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.

