

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

Do not use this space.

1379

**1. PLACE OF DEATH**

County Jackson Registration District No. 38 File No. 034  
 Township Paris Primary Registration District No. 034 Registered No. 034  
 City Kansas City (No. General Hospital #2 St. Ward)

**2. FULL NAME**

(a) Residence. No. 2710 Bell St. 3 Ward. 1  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 7 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 Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married  
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 15, 1905

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
26 7 19

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housewife 131/147  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Tenn. 2  
 (STATE OR COUNTRY)

10. NAME OF FATHER Nat Hunt

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

12. MAIDEN NAME OF MOTHER Ida Bivins

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

14. INFORMANT Record Clerk  
 (Address) General Hospital #2

15. FILED 716 32 m. m. Corowe REGISTRAR  
Assr

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 26 1932  
 17.

I HEREBY CERTIFY, That I attended deceased from Jan 17, 1932, to Jan 26, 1932, that I last saw h. alive on Jan 26, 1932, and that death occurred, on the date stated above, at 3 A m.

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

Uremia  
 (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) Chronic nephritis  
Tolerant of pregnancy  
 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF 0  
 WAS THERE AN AUTOPSY? yes 0

WHAT TEST CONFIRMED DIAGNOSIS? Clinical, laboratory & autopsy  
 (Signed) P. M. Miller, M. D.  
1/27, 1932 (Address) General Hospital #2

\*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 Blue Ridge Lawn DATE OF BURIAL Feb 16 1932

20. UNDERTAKER A. B. Moore ADDRESS 1820 E. 18th

**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.

RESERVED FOR BINDING

