

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

Do not use this space.

19440

1. PLACE OF DEATH

County Jackson Registration District No. 395
 Township Law Primary Registration District No. 1002
 City St. Co. (No. Mersey Hosp) St. 1002 Ward

File No. _____
 Registered No. 2212
 St. _____ Ward

2. FULL NAME

(a) Residence. No. 2309 Terrace St. 3 Ward. (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 <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 16-30</u>		
7. AGE	YEARS	MONTHS
	<u>1</u>	<u>11</u>
		DAYS
		<u>19</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>child</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) _____		
(c) Name of employer _____		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-4-32
 17. I HEREBY CERTIFY, That I attended deceased from 6-2-32, 1932 to 6-4-32, 1932 that I last saw h. l. alive on 6-3-32, 1932 and that death occurred, on the date stated above, at 8:25 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

The. Pneumonia
29A
 (duration) yrs. mos. 14 ds.
 CONTRIBUTORY (SECONDARY) 1
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. at home.
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? Yes.
 WHAT TEST CONFIRMED DIAGNOSIS path. cross sect.
 (Signed) G. K. Campbell, M. D.
 1932 (Address) 4806 E 24th

*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.

9. BIRTHPLACE (CITY OR TOWN) K-6 Mo 1
 (STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>J. E. Soney</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Mex</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Macaria Merino</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Mex</u> (STATE OR COUNTRY)

14. INFORMANT Father Soney
 (Address) 2309 Terrace

15. FILED June 5 1932 M. M. Brown REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Marys DATE OF BURIAL June 6 1932
 20. UNDERTAKER Ketterlin ADDRESS city.

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

