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

Do not use this space.

28769

File No. 60

Registered No.

1. PLACE OF DEATH

24 County: Clay

Township: Gallatin

City: N.K.C. R.R. #4 (No. ..... St. ..... Ward)

Registration District No. 197

Primary Registration District No. 5276

2. FULL NAME Rassetta Welliver

(a) Residence. No. N.K.C. R.R. #4 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.

OCT 25 1932

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Walter G. Welliver

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 9, 1904

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
28	1	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife 235
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

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

PARENTS

10. NAME OF FATHER H. C. Lineberry

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

12. MAIDEN NAME OF MOTHER Sarah Jones

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

14. INFORMANT Walter G. Welliver
(Address) N.K.C. Mo R.R. #4

15. FILED 9-24, 1932 J. R. Nagg
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 23 1932

17. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1932, to Sept 23, 1932, that I last saw her alive on Sept 23, 1932, and that death occurred, on the date stated above, at 2:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

93B

112

Myocarditis unknown (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Bronchial Asthma

95 (duration) 4 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1 5 A

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam

(Signed) Russell C. Porter, M. D.

Sept 24, 1932 (Address) North KC 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	DATE OF BURIAL
German Const	9/25 1932
20. UNDERTAKER	**ADDRESS**
Morton & Co	N.K.C.