

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

EB 23 1933

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

Do not use this space.

135

1. PLACE OF DEATH

County Barton Registration District No. H0  
Township City Primary Registration District No. 40.24  
City Lamar (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. 2

2. FULL NAME

Nellie Rhea Kung

(a) Residence. No. \_\_\_\_\_ 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) Married

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

Dr. Loren P. Kung

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 30-1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
38 9 5

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)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Mt. Airy

(STATE OR COUNTRY)

Iowa

10. NAME OF FATHER

C. H. Bessley

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Indiana

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Ada Prentiss

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Indiana

(STATE OR COUNTRY)

14.

INFORMANT

C. H. Bessley

(Address)

Lamar, Mo.

15.

FILED

1/6 1933

A. J. Myratt  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 5 1933

17. I HEREBY CERTIFY, That I attended deceased from Jan - 1st, 1933 to Jan 5th, 1933 that I last saw her alive on Jan 5th, 1933 and that death occurred, on the date stated above, at 1:10 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Branchio-Pneumonia

CONTRIBUTORY (SECONDARY) Influenza (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. E. Ducart, M. D.

Jan 7, 1933 (Address) Lamar, 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

Lake Cemetery

Jan 7 1933

20. UNDERTAKER

ADDRESS

Carl F. Konantz

Lamar

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.

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