

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

Do not use this space.

MAY 25 1934

12996

**1. PLACE OF DEATH**

County Jackson  
Township Lawrence  
City Kansas City (No. 1097)

Registration District No. 399  
Primary Registration District No. 7

File No. \_\_\_\_\_  
Registered No. 1717  
Ward \_\_\_\_\_

**2. FULL NAME**

(s) Residence, No. 1007 Indiana 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 fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
81 86 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peoria Ill

13. NAME Ludlow Dungee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Wollie Scott (ADDRESS) 1007 Indiana

18. BURIAL, CREMATION, OR REMOVAL PLACE Drumville DATE April 19 1934

19. UNDERTAKER (ADDRESS) Mrs. E. L. Carter  
918 Broadway Ave

20. FILED Apr 18, 1934 M. M. Crowl Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 18, 1934

22. I, HEREBY CERTIFY, That I attended deceased from 4/10, 1934 to 4/18, 1934.  
I last saw her alive on 4/18, 1934. Death is said to have occurred on the date stated above, at 1007 m.

The principal cause of death and related causes of importance were as follows:

Chronic myo Carditis  
aged  
old eye

Other contributory causes of importance: \_\_\_\_\_

(Name of operation) \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) D. W. Cussey, M. D.  
(Address) 3231 E. 11 St.

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.

Dr. Russell