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

Do not use this space.

399

20628

1. PLACE OF DEATH
County: Jackson
Township: Kan.
City: Kan City (No. 720-West 48 St. Ward)
Registration District No.: 0003
Primary Registration District No.:
File No.:
Registered No.: 26 0

2. FULL NAME: Helen Saundra Lunn
(a) Residence, No. 720-W-48-St. 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.

JUL 9 - 1934

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Divorced.
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF: Harry Lunn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 21-1894
7. AGE: Years 40 Months 3 Days 7 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
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): Kan City. Mo.

FATHER
13. NAME: Richard Saunders
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

MOTHER
15. MAIDEN NAME: Lydia Neat
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Mrs O.B. Thompson 720-West 48
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Forest Hill DATE: 6/25/34
19. UNDERTAKER (ADDRESS): Stine + McClure 3235 Truman Blvd
20. FILED: 6/26, 1934 M. M. Browne Deat Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 3, 1934
22. I HEREBY CERTIFY, That I attended deceased from ..., 19..
I last saw h... alive on ..., 19.. Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:
Date of onset
Acute Cerebral Hemorrhage
Hypertension
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) ..., M. D.
(Address)

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.

JUL 2 1946