

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

Do not use this space.

20694

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kane Primary Registration District No. 1002
Kansas City (No. 3427) Wabash

File No.
 Registered No.
 St. 2808 Ward

2. FULL NAME

Lena Dwyer
 (a) Residence, No. 3427 Wabash Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth 24 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 David Dwyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Duties
 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) Russia

FATHER
 13. NAME Isaac Fressman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER
 15. MAIDEN NAME Mary

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT (ADDRESS) David Dwyer
3427 Wabash

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE St. Paul 7-7-34

19. UNDERTAKER (ADDRESS) J.P. Louis Funeral Home
City

20. FILED June 29, 1934 M.M. Crow
Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-29-34

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1934, to June 29, 1934
 that saw him alive on June 28, 1934. Death is said to have occurred on the date stated above, at 7:30 am.
 The principal cause of death and related causes of importance were as follows:

Acute Myocarditis Date of onset 6/29/34
93A
93A
 Other contributory causes of importance:
Coronary Hypertension?
Chronic Bronchitis

Name of operation None Date of operation
 What test confirmed diagnosis? None 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) J.B. With M.D.
 (Address) 925 W. 11th St.

N. B.—Every item of information should be stated in plain terms, so that it may be understood by any one reading the certificate.

