

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

Do not use this space.

24909

1. PLACE OF DEATH

County Jackson Registration District No. 311 File No. 211
 Township Law Primary Registration District No. 1 Registered No. 211
 City Lansing City, Westley Hor Hoop St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1740 Paseo 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 <u>Male</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 17, 1934</u>		
7. AGE YEARS	MONTHS	DAYS
<u>01</u>	<u>8</u>	<u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>None</u>
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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/25 1934
 22. I HEREBY CERTIFY, That I attended deceased from 7/24, 1934, to 7/25, 1934
 I last saw her alive on 7/25/34, 1934 Death is said to have occurred on the date stated above, at 1:25 P.M.
 The principal cause of death and related causes of importance were as follows:

Emaciation Date of onset 7/23
Autosis
 Other contributory causes of importance:
130

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	13. NAME <u>William Hard</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	15. MAIDEN NAME <u>Johnetta Allen</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	17. INFORMANT (ADDRESS) <u>Dorothy Smith</u> <u>1740 Paseo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Hill</u> DATE <u>7/28 1934</u>	
19. UNDERTAKER (ADDRESS) <u>Watkins Bros</u> <u>1729 Lyda</u>	
20. FILED <u>7-28 1934</u> <u>Monahan</u> Registrar	

Name of operation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No
 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? No
 If so, specify _____
 (Signed) W. H. Bunge, M. D.
 (Address) 311 - Lansing

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. AUG 21 1934

