

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

Do not use this space.

25600

1. PLACE OF DEATH

County Moniteau
Township Watts
City _____ (No. _____)

Registration District No. 571
Primary Registration District No. 5769

File No. _____
Registered No. 36 St. _____ Ward _____

2. FULL NAME

Lucy Bursberg Jey

(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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18th 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 7 5

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

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) Cooper Co

13. NAME Wiat Zimmerman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co

15. MAIDEN NAME Susana Wisdoml

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co

17. INFORMANT (ADDRESS) Golden Jey

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Pleasant DATE Jan 26 1934

19. UNDERTAKER (ADDRESS) W. H. R. Poppey

20. FILED 7-26, 1934 H. R. Poppey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-25-1934

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1934, to July 25, 1934

I last saw her alive on July 23, 1934 Death is said to have occurred on the date stated above, at 10:30 p.m.

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

Cerebral thrombus

926
W. H. R. Poppey
7-26

Other contributory causes of importance:

Chronic myocarditis
and Cholelithiasis

Date of onset

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 _____, 1934

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

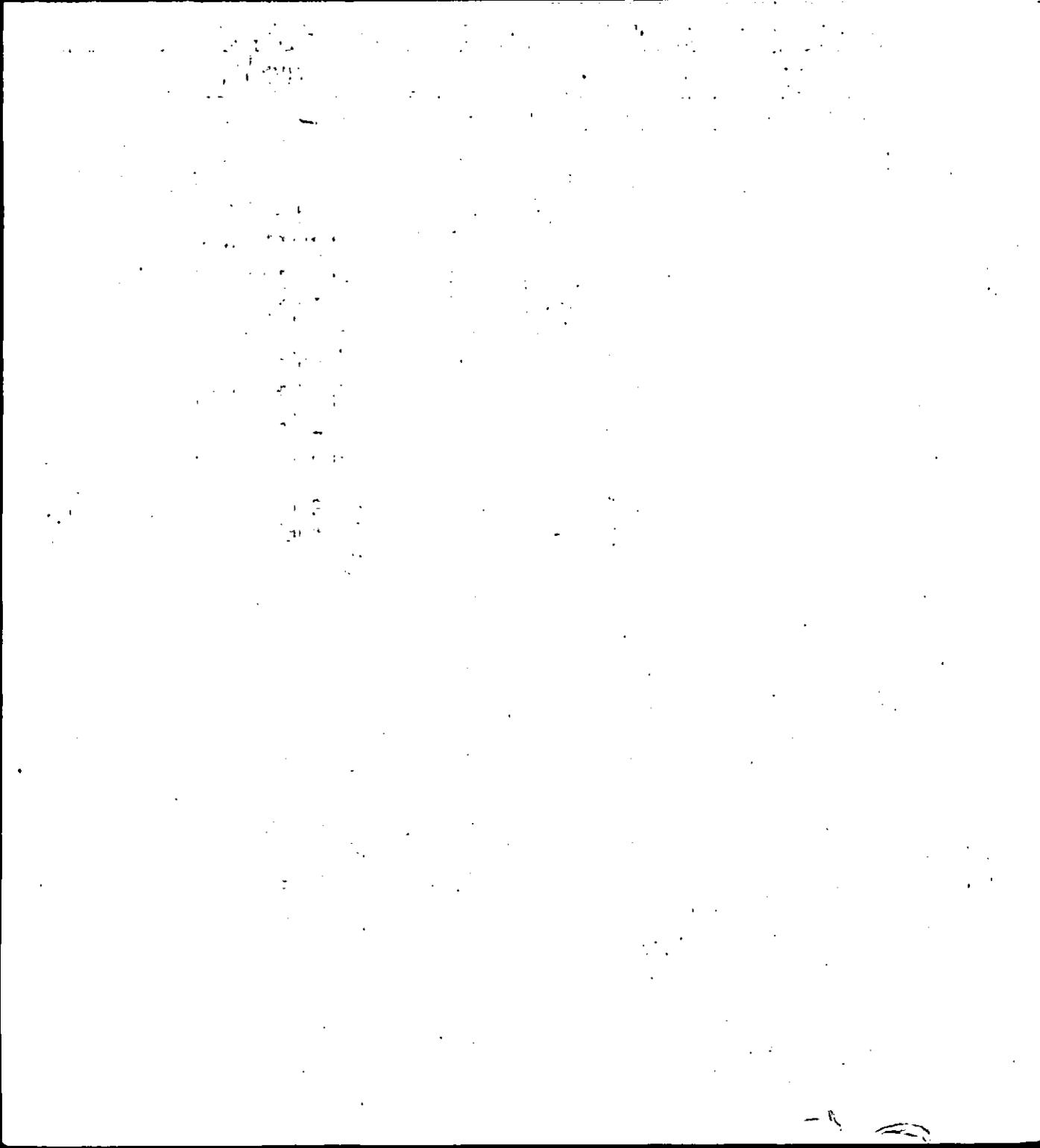
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) W. H. R. Poppey, M. D.
(Address) Cooper Co, Mo

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 16 1934



Monterey

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Lucy Barbery Jay
Who died at Monterey on July 25 - 1934
Residence: No. St.
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years Months Days
Sex F Color or race W Single, married, widowed or divorced:

Date of birth Dec 18 - 1855 Age: Years 28 Months 7 Days 6

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month Year

Birthplace (State or country)

Birthplace of father (State or country)

Birthplace of mother (State or country)

Principal cause of death: Cerebral thrombosis - No auto body -
hindbrain clinically evident indicates old stroke of site and causes protracted history

Other contributory causes of importance Chronic myocarditis and cholelithiasis - no gall stones

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

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

Was disease or injury in any way related to occupation of deceased?

If so, specify

Name of physician

Address of physician J. P. Burke in California

Signature of Registrar A. R. Popjoy M.D. Date filed 7-26-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 571

Primary Reg. Dist. No. 5769

Very truly yours,
E. T. McGaugh
Special Agent.

5-25600

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