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.

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

Do not use this space.

1876

1. PLACE OF DEATH Laffayette
County ~~Laffayette~~ Registration District No. 464 File No. 17
Township Washington Primary Registration District No. 5626 Registered No. 18
City ~~Higginsville R.F.D.~~ St. Ward)

2. FULL NAME Roda May Muncey
(a) Residence, No. Higginsville Mo. R.F.D. 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 F.M.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23 - 1879

7. AGE YEARS 55 MONTHS 2 DAYS 21 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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. House Wife
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) Blue Springs Mo

FATHER
13. NAME Marion Scott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Anna King
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Mr Elmer Muncey Higginsville Mo R.F.D.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Springs Mo DATE 1-15 1935

19. UNDERTAKER (ADDRESS) R. B. Webb Blue Springs Mo

20. FILED 2-9- 1935 Mrs E. M. Goodwin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12 1935, to Jan. 13, 1935
I last saw her alive on Jan 12, 1935. Death is said to have occurred on the date stated above, at 5:40 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis Lethargica	Sept. 34

Other contributory causes of importance: None

Name of operation None Date of
What test confirmed diagnosis? None 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) Jno B. Willis, M. D.
(Address) Maywood, Mo.