

APR 2 1935

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

Do not use this space.

7850

1. PLACE OF DEATH

County VernonRegistration District No. 875

Township

Primary Registration District No. 3039City Nevada (No. 5)File No. 46
Registered No. 46 St. 5 Ward

2. FULL NAME

(a) Residence, No. 904 N. Colorado St., 5 Ward.

(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>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Celia Lunderbaugh</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 1, 1874</u>		
7. AGE YEARS <u>61</u>	MONTHS <u>7</u>	DAYS <u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Railroad Broke down of both legs</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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>		
13. NAME <u>Jake Lunderbaugh</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>		
15. MAIDEN NAME <u>Nancy Peak</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u>		
17. INFORMANT (ADDRESS) <u>Celia Lunderbach</u> <u>904 N. Colorado</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Parsons Kansas</u> DATE <u>Feb 28, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Henry Funeral Home</u> <u>Nevada Mo</u>		
20. FILED <u>3-28</u> 19 <u>35</u> <u>Michigan</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Feb 27, 1935</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Feb 25, 1935</u> , to <u>2-27, 1935</u>
I last saw him alive on <u>2-27, 1935</u> . Death is said to have occurred on the date stated above, at <u>4:15 a</u> m.
The principal cause of death and related causes of importance were as follows: <u>Poisoning Pneumonia</u>
Other contributory causes of importance <u>Prostate Enlarged with retention</u>
Name of operation
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 <u>35</u> 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) <u>J. H. Gates</u> , M. D. (Address) <u>Nevada Mo</u>

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.

MAY 26 1947