FEB 25 1937

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

Do not use this space.

1342

File No. 133

Registered No.

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kansas City (No. 1004 E 33rd St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME: Lewis B. Planet
(a) Residence, No. 1004 E 33rd 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: M
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: Minnie Planet

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 2nd 1884

7. AGE: Years 52 | Months 6 | Days 6 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Paper Hanger & Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 71
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): Appleton City Mo

FATHER
13. NAME: Wm Lewis Planet
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Baton Rouge La.

MOTHER
15. MAIDEN NAME: Henrietta Stromberger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nasacbola Ill

17. INFORMANT (ADDRESS): Mrs Minnie Planet 1004 E 33rd St

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Greenlawn DATE: Jan 11th 1937

19. UNDERTAKER (ADDRESS): Desire & Robin Co 1011 Kimball

20. FILED: 1-9-1937 M. M. McCrancan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/8/37, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19 ....., 19 ..... I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 4:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

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 ....., 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) ....., M. D.
(Address)

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.