

MAR 20 1937

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

Do not use this space.

6679

1. PLACE OF DEATH

48
7
County Jackson
Township Lewis Summit
City (No. Residence)

Registration District No. 400
Primary Registration District No. 4235

File No. 6679
Registered No. 34
St. _____ Ward _____

2. FULL NAME

Laure Philista Lunnam

(a) Residence, No. Lewis Summit St. mo. - Ward. (Usual place of abode)

Length of residence in city or town where death occurred 15 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 Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David J. Lunnam

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9 - 1865

7. AGE YEARS 71 MONTHS 5 DAYS 3
IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Homekeeper
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) unknown Iowa

13. NAME Andrew J. Arnold

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown unknown

17. INFORMANT (ADDRESS) Mrs. Cecil Hartley Lewis Summit, mo.

18. BURIAL, CREMATION, OR REMOVAL Place Lone Oaks Mo. DATE Feb-14-37

19. UNDERTAKER (ADDRESS) Childs James Lewis Summit mo.

20. FILED Feb. 14 1937 William J. Childs Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12. 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-12-1937, to 2-12-1937

I last saw her alive on 2-12-1937 Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Acute Dilatation of heart Date of onset 2-12-37

Other contributory causes of importance: none

Name of operation _____ 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) J. B. Bright M. D.
(Address) Lewis Summit 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.

