

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUL 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Blue Primary Registration District No. 5554
City Independence (No. 8711 Smart Ave.) St. _____ Ward _____

File No. 23903
Registered No. 211

2. FULL NAME

(a) Residence, No. 8711 Smart Ave. St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucina Ellen Wanbaugh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 7, 1869

7. AGE YEARS 68 MONTHS 4 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Peru Indiana

13. NAME Jacob Wanbaugh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peru Indiana

15. MAIDEN NAME Christina Clayton

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

17. INFORMANT Lucina Ellen Wanbaugh (ADDRESS) 8711 Smart Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE June 12, 1937

19. UNDERTAKER George B. Karson (ADDRESS) Independence Mo

20. FILED 6-14-1937 F. L. Chole Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-10, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____. I first saw him/her on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Mitral Stenosis
Acute dilatative heart
Other contributory causes of importance: 920
Bone to pneumonia

Name of operation _____ Date of _____
What test confirmed diagnosis? Cultures Was there an autopsy? Yes

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) J. H. Brown, M. D.
(Address) Dep. Coroner

