

OCT 26 1928

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

Do not use this space.
30785

1. PLACE OF DEATH

County Jasper Registration District No. 40 A
Township..... Primary Registration District No. 2020
City Carthage (No.....) St. Ward)

2. FULL NAME

Mustie A. Janner
(a) Residence. No. James St. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Janner
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 9-1890
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 38 | 7 | 2
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife 146 148 144
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Carthage (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Jennett Napier
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill. (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Anna Justice
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Park (STATE OR COUNTRY)

14. INFORMANT Wm. Janner (Address) Carthage, Mo.

15. FILED 9/14 1928 Cliff Ketchum REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 11 1928
17. I HEREBY CERTIFY That I attended deceased from Sept. 10, 1928 to Sept. 11, 1928. that I last saw her alive on Sept. 11, 1928, and that death occurred, on the date stated above, at 10:40 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uterine hemorrhage
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Eclampsia. (uterus contained dead foetus) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept. 11, 1928.
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Genual physical
(Signed) W. B. Chapman, M. D.
Sept. 12, 1928 (Address) Carthage, Mo.

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Blair Hill Cemetery DATE OF BURIAL 9/14/1928
20. UNDERTAKER Kneel Mortuary ADDRESS Carthage

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.

