

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

Do not use this space.

2291  
20

File No. \_\_\_\_\_  
Registered No. 2291 \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Chester  
Township Union  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 711  
Primary Registration District No. 5940

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female white married

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-28-30 1930

17. I HEREBY CERTIFY, That I attended deceased from 1-16- 1930, to 1-28- 1930 that I last saw h. \_\_\_\_\_ alive on 1-27- 1930, and that death occurred, on the date stated above, at 10.0 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

118 Flu & Pneumonia  
108  
Lobary  
(duration) yrs. mos. ds. 12

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

Geo Geary -

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

6-22-1864

7. AGE

| YEARS     | MONTHS   | DAYS     | If LESS than 1 day, _____ hrs. or _____ min. |
|-----------|----------|----------|--|
| <u>65</u> | <u>6</u> | <u>6</u> |  |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Dr. J. W. Lewis M. D.  
, 19 \_\_\_\_\_ (Address) Union Mo

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ind

10. NAME OF FATHER

John Russell

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER

Betty Moore

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Not known

14. INFORMANT (Address)

Mrs. Jno Alexander  
6138 Amanda St. Kansas

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Freedom Jan 30 1930

15. FILED

Jan 30 1930 A. S. Lick  
REGISTRAR

20. UNDERTAKER

ADDRESS

Fred A. Gilbert Union Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information sought on certificate supplied. Never assume a cause of death.

