

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

Do not use this space.

31149

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Town Bellevue Primary Registration District No. 3019
 City Independence (No. Indep. Sanitarium) St. _____ Ward _____

File No. _____

Registered No. 293

2. FULL NAME

(a) Residence, No. 11208 Felton 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>George Mumsky</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 15 1899</u>		
7. AGE	YEARS <u>34</u>	MONTHS <u>0</u>
	DAYS <u>29</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>	
	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) <u>Austria</u>		
FATHER	13. NAME <u>George Lucas</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria</u>	
MOTHER	15. MAIDEN NAME <u>Barbra</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria</u>	
17. INFORMANT (ADDRESS) <u>George Mumsky 11208 Felton av</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Marys</u> DATE <u>Sept 7 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Garber Undertaking Co 1037 Independence mo</u>		
20. FILED <u>Sept 6 1931</u> <u>J. Cook</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4 1931

22. I HEREBY CERTIFY, That I attended deceased from 9/1, 1931, to 9/4, 1931

I last saw h... alive on 9/4, 1931... Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:
Influenzal Pneumonia
Pregnancy 8 1/2 mo.
11A
143B

Date of onset _____

Other contributory causes of importance
Pregnancy
Influenza
11A

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) Dr. Mumsky M. D.
 (Address) 10307 Indep Ave KCMO

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.

OCT 23 1931

