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.

APR 25 1934

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

Do not use this space.

9029

1. PLACE OF DEATH
County Jackson — Registration District No. 388 — File No.
Township Kaw — Primary Registration District No. — Registered No. 1225
City Kansas City (No. Research Hospt. St. Ward)

2. FULL NAME Hulda B. Laubhan
(a) Residence, No. 904 E Armour St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: none
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): unknown
7. AGE: Approx 30 YEARS — MONTHS: ✓ — DAYS: ✓ — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
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): Russia

FATHER
13. NAME: Alec. J. Laubhan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

MOTHER
15. MAIDEN NAME: Barbara Marynne
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

17. INFORMANT (ADDRESS): John Laubhan
18. BURIAL, CREMATION, OR REMOVAL PLACE: Shattuck Okla DATE: 3-22 1934
19. UNDERTAKER (ADDRESS): H. Tigerman & Son's K.C. Mo.
20. FILED: Mch 19 1934 M. M. Crowe Assn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mch 13 1934, 19
22. I HEREBY CERTIFY That I attended deceased from ..., 19..., ..., 19...
I last saw her alive on ..., 19... 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:

Gunshot wound of the Chestnut of Dominion Hunger Lamen. — Date of onset

Other contributory causes of importance:

Name of operation: Autopsy — Date of
What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide: Homicide — Date of injury: Mch 13 1934
Where did injury occur? 904 Armour Kaw (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: Firearm
Nature of injury: Wound
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature] M.D.
(Address) Kaw