

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

Do not use this space.

23161
3156

1. PLACE OF DEATH

County Jackson
Township Law
City Jackson City

Registration District No.

Primary Registration District No.

File No.

Registered No.

(No. 923 Holmes St. 13 Ward) Alta Mae Pardo

2. FULL NAME

(a) Residence. No. 923 Holmes St. 13 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)

Single

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

single

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

unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

20.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Place on amusement 606 mat 3 week work.

(b) General nature of industry, business, or establishment in which employed (or employer)

our 3 days pay To her, R.P. Pity

(c) Name of employer

Mr W. P. Ehrhardt

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Lakham mo.

10. NAME OF FATHER

Jesse. Pardo.

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Lakham mo.

12. MAIDEN NAME OF MOTHER

Martha Cuthman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

14. INFORMANT

(Address)

Mrs. Jess. Pardo.
Lakham. mo.

15. FILED

7/30, 1930

M. M. Crow
ant REGISTRAR

MEDICAL CERTIFICATE OF DEATH

Wednesday

16. DATE OF DEATH (MONTH, DAY AND YEAR)

July 30 1930

17.

I HEREBY CERTIFY, That I attended deceased from

19..... to 19..... that I last saw h..... alive on 19..... and that death occurred, on the date stated above, at 119 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

119
suicide carbolic acid, a poison

1630 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

166 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Autopsy
Stanley M. Hely M. D.

7/30, 1930 (Address) Poperty Coroner

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

California Mo. July 31 1930

20. UNDERTAKER

ADDRESS

Cylar Funeral Home A.C. Mo.

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.

