

JAN 28 1929

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

Do not use this space.

43859

1. PLACE OF BIRTH

County Vernon
Township.....
City Merada (No.)

Registration District No. 875
Primary Registration District No. 3039

File No.
Registered No. 280
St. Ward)

2. FULL NAME

Lydia J Terrell

(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 11 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1849.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 00 00

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employe.....

9. BIRTHPLACE (CITY OR TOWN) DET.
(STATE OR COUNTRY) Pa

10. NAME OF FATHER Jacob Hufty

11. BIRTHPLACE OF FATHER (CITY OR TOWN) DET.
(STATE OR COUNTRY) Pa

12. MAIDEN NAME OF MOTHER Phillips

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Pa

14. INFORMANT State Hosp Records
(Address) Merada, Mo

15. FILE 1-4 29, E. R. King
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 1, 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1927, to Dec 1, 1928 that I last saw her alive on Dec 1, 1928 and that death occurred, on the date stated above, at 6:40 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
104
936

Lobar Pneumonia
(duration) yrs. mos. 5 ds.

CONTRIBUTORY Chronic Myocarditis
(SECONDARY) unknown
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) E. K. Coon, M. D.

2-1, 1928 (Address) Merada, 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Harrisonville, Mo. DATE OF BURIAL Dec 3 1928

20. UNDERTAKER Ferry Funeral Home ADDRESS Merada, 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.

