16 JUN 24 1929

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

Do not use this space.

File No. 17498

Registered No. .....

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 130
Township Hubble — Primary Registration District No. 4073
City Whitewater, Mo. No. ..... St. ..... Ward)

2. FULL NAME Bulah D. Proffer

(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

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 13 - 1929

7. AGE — YEARS | MONTHS | DAYS | If LESS than 1 day, 4 hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Whitewater, Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Lee Proffer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Whitewater, Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Flossie Nance
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Whitewater Mo.
(STATE OR COUNTRY)

14. INFORMANT W. A. Nance
(Address)

15. FILED 5/25, 1929. J. M. Slagle REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 14 1929

17. I HEREBY CERTIFY, That I attended deceased from May 13 - 1929, to ....., 19.... that I last saw her alive on May 13, 1929, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Labor
159
161a
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

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) ✓ F. S. Markel, M. D.
, 19 (Address) Allenville 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: Stroderville Cemetery
DATE OF BURIAL: May 14 1929

20. UNDERTAKER: L. K. Arnold,
ADDRESS: Whitewater, Mo.

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2.