

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

Do not use this space

13665

1. PLACE OF DEATH
31 County Wassess
Township Benton
City (No. _____) _____ St. _____ Ward _____

Registration District No. 254
Primary Registration District No. 5355

File No. _____
Registered No. 18

2. FULL NAME Louiza Persinger
(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. W. Persinger
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 3-1862
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
68 4 22

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

9. BIRTHPLACE (CITY OR TOWN) esentry Co
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Peter E. Elam
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ky
(STATE OR COUNTRY) _____
12. MAIDEN NAME OF MOTHER Anna Mc Fall
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ky
(STATE OR COUNTRY) _____

14. INFORMANT J. W. Persinger
(Address) Mc Fall Mo

15. FILED 4/25 1931 John G. Parker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 25 1931

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1931, to April 24, 1931, that I last saw her alive on April 24, 1931, and that death occurred, on the date stated above, at 4:35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
St. Louis Pneumonia
Influenza
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.
8/11/31 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Frank Hedger, M. D.

*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 INTERMENT (BURIAL, CREMATION, OR REMOVAL) _____ DATE OF BURIAL Mc Fall Mo April 27 1931

20. UNDERTAKER St. Ica L. Groomer
ADDRESS Pattonburg

N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

APR 28 1931

ms

