

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

Do not use this space.

41763

1. PLACE OF DEATH
 County Lincoln Registration District No. 653
 Township Cass Primary Registration District No. 5865
 City Draft (No. _____) St. _____ Ward _____

2. FULL NAME Larene Pointer
 (a) Residence, No. Draft St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 25, 1928</u>		
7. AGE	YEARS <u>3</u>	MONTHS <u>7</u>
	DAYS <u>14</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	
	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) <u>Putnamville Mo.</u>		
FATHER	13. NAME <u>Sam Pointer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark</u>	
MOTHER	15. MAIDEN NAME <u>Liskiri Johnson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss.</u>	
17. INFORMANT (ADDRESS) <u>John Sims Draft</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Draft Mo.</u> DATE <u>12-7-1931</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. Hays Draft</u>		
20. FILED <u>12-7-1931</u> <u>J. W. Johnson</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-7-1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1931, 19____
 I last saw him alive on Dec 5, 1931, 19____. Death is said to have occurred on the date stated above, at 2:00 p.m. A
 The principal cause of death and related causes of importance were as follows:
Bronchopneumonia (Date of onset Dec 12/31)
107A
 Other contributory causes of importance:
Influenza (11-28-31)

Name of operation _____ Date of _____
 What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) W. H. Hays, M. D.
 (Address) Draft

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.

JAN -2 1932

