

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

Do not use this space.

22405

1. PLACE OF DEATH

County De Kalb Registration District No. 4161
 Town Pobby Primary Registration District No. 262
 City Union Star (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

(a) Residence (Usual place of abode) Union Star St. _____ Ward _____
 (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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 (use the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 3 1940

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>92</u>	<u>3</u>	<u>14</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

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) Salzer Ill.

13. NAME Thomas Lewis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

15. MAIDEN NAME Martha Easley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT Bertie West

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star Mo DATE July 19 1932

19. UNDERTAKER (ADDRESS) 729 1/2 E. 2nd City Mo

20. FILED July 19 1932 E. M. Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17 1932

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1932 to July 17, 1932
 I last saw him/her alive on Not at all, 19____ Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:
Head & Exhaustion Date of onset _____

Other contributory causes of importance: 191 / 91 30'

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) E. M. Reynolds M. D.
 (Address) Union Star 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.

AUG 23 1932

