

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

Do not use this space.

23183

1. PLACE OF DEATH

49 County Jackson
Township Mural
City J. B. Hospital (No.)

Registration District No. 313
Primary Registration District No. 5559c

File No.
Registered No. 24
St. Ward)

2. FULL NAME

(a) Residence. No. St. Ward. Graham Mo
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 2 mos. 6 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 2

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 8 - 1903

7. AGE YEARS MONTHS DYS If LESS than 1 day, hrs. or min.
29 2 14

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) 255
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Graham Mo
(STATE OR COUNTRY)

10. NAME OF FATHER John Lance
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Nennie Lee
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

14. INFORMANT Leeds
(Address)

15. FILED 7/23/19 J. E. Weimer REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 22 1932

17. I HEREBY CERTIFY, That I attended deceased from June 16, 1931, to July 22, 1932, that I last saw her alive on July 22, 1932, and that death occurred, on the date stated above, at 6:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
Tubercular Sepsis and
Enterocolitis (duration) 3 yrs 6 mos ds.
CONTRIBUTORY Neurotypic 3 minutes
(SECONDARY) 5:30
(duration) yrs mos ds.

18. WHERE WAS DISEASE CONTRACTED Mo
IF NOT AT PLACE OF DEATH, Mo
DID AN OPERATION PRECEDE DEATH? No DATE OF 1

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Richmond Maryville Mo
DATE OF BURIAL 7/24 1932
20. UNDERTAKER Stuber and Co Webb City Mo
ADDRESS

*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.

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 3 4 1932

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