

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.

AN 26 1934

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

28877-a
Do not use this space.

~~357548~~

1. PLACE OF DEATH

County Butler
Township Neelyville
City _____ (No. _____)

Registration District No. 88
Primary Registration District No. 5130

File No. _____
Registered No. 35
St. _____ Ward _____

2. FULL NAME

(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 Female 4. COLOR OR RACE white 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) Feb 6 1913

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>19</u>	<u>7</u>	<u>24</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. lfe

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co. Ark.

13. NAME William Sells

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Livingston Ky.

15. MAIDEN NAME Lara Booher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Livingston Ky.

17. INFORMANT Mam Sells
(ADDRESS) Livingston Ky.

18. BURIAL, CREMATION, OR REMOVAL PLACE Home Cem. Randolph Co. Ark. (1933)

19. UNDERTAKER Mrs. Minnie Smith
(ADDRESS) Livingston Ky.

20. FILED 12-8- 1933 H. B. Turner
Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 8 1933 to Sept 30 1933

I last saw her alive on Sept 30 1933. Death is said to have occurred on the date stated above, at 6:20 p.m.

The principal cause of death and related causes of importance were as follows:

acute nephritis
38
130
38
Other contributory causes of importance: maluria

Date of onset about 3 mo previous

Name of operation no Date of _____
What test confirmed diagnosis? urinalysis, blood Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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. no

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) H. B. Turner, M. D.

(Address) Livingston Ky.

