

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.

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

Do not use this space.

35286

1. PLACE OF DEATH
 97 County Saline Registration District No. 196
 5 Township Marshall Primary Registration District No. 3138
 7 City Marshall St. _____ Ward _____

2. FULL NAME Police May Ege
 (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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF wife Raymond Ege

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21 - 1912

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
21 3 11

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

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) Marshall Mo

13. NAME Lela Williams

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

15. MAIDEN NAME Lora Giles

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

17. INFORMANT Henry Williams
 (ADDRESS) Marshall Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Farmers Co DATE Oct 4 1933

19. UNDERTAKER Ferguson Williams
 (ADDRESS) Marshall Mo

20. FILED 10/4/33 19 Saline Mo
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2 1933

22. I HEREBY CERTIFY, That I, attended deceased from June 1st 1933 to Oct 2 1933
 last saw her... alive on Oct 2 1933. Death is said to have occurred on the date stated above, at 11 A.M.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset Don't know
2 1/2
2 1/2
 Other contributory causes of importance:
Tuberculosis of Intestines Don't know

Name of operation none Date of _____
 What test confirmed diagnosis? Physical 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 _____ 1933
 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. Madison M. D.
 (Address) Marshall Mo

NOV 10 1933

57551

