

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

Do not use this space.

42353

JAN 26 1934

**1. PLACE OF DEATH**

County Lepas Registration District No. 863  
Township Shereed Primary Registration District No. 6149  
City (No. ) St. Ward

File No. 34  
Registered No. \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</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>Sept. 13, 1930</u>				
7. AGE	YEARS <u>3</u>	MONTHS <u>3</u>	DAYS <u>13</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>T. City, Mo.</u>				
FATHER	13. NAME <u>Louise Wilson</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Heiney</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>			
17. INFORMANT <u>L. Wilson</u> (ADDRESS) <u>Shereed, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Williams Cem.</u> DATE <u>12-20-33</u>				
19. UNDERTAKER <u>The neighbors</u> (ADDRESS) _____				
20. FILED <u>12-23-33</u> <u>Kagathess</u> Registrar.				

**2 MEDICAL CERTIFICATE OF DEATH**

2  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1933 to Dec. 24, 1933  
I last saw her alive on Dec. 24, 1933 Death is said to have occurred on the date stated above, at 12:00 p.m.  
The principal cause of death and related causes of importance were as follows:  
Tuberculosis  
115A  
104A  
115  
Other contributory causes of importance: \_\_\_\_\_  
Date of onset: 12/16/33

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) L. K. Reed M.D.  
(Address) Shereed, Mo.

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.

