

JAN 2 1935

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

Do not use this space.

1. PLACE OF DEATH

County Laclede
Township Lebanon
City Lebanon (No. _____)

Registration District No. 449
Primary Registration District No. 4267

File No. 43473
Registered No. _____
St. _____ Ward _____

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>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Moore</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 5 1850</u>		
7. AGE YEARS <u>84</u>	MONTHS	DAYS <u>20</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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 _____

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Louisville Ky</u>
	13. NAME <u>Dont Know</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont Know</u>
	15. MAIDEN NAME <u>Dont Know</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont Know</u>

17. INFORMANT Mary Moore
(ADDRESS) Lebanon Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lebanon DATE 12/26 34

19. UNDERTAKER W.E. Holman
(ADDRESS) Lebanon Mo

20. FILED 12/26 1934 J. A. M. Camb
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/25 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-23 1934 to 12-25 1934
I last saw him alive on Dec 25 1934. Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Broncho Pneumonia Date of onset _____

10710
162 10710

Other contributory causes of importance:
Senility

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?
If so, specify _____
(Signed) J. J. Summers, M. D.
(Address) Lebanon Mo

J. J. Summers

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.

