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.

89
6
4

MAR 1 1935

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

Do not use this space.

6559

1. PLACE OF DEATH
County Ray
Township ~~Richmond~~
City Richmond (No. ..... St. ..... Ward)
Registration District No. 744
Primary Registration District No. 3035
File No. .....
Registered No. 7

2. FULL NAME Mrs Louise Mizner
(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 Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert Mizner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 27 1913
7. AGE YEARS 21 MONTHS 1 DAYS 4 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. House Wife
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) Lathrop Missouri

FATHER
13. NAME Edward Barnett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Bernard Andrews
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lathrop Missouri

17. INFORMANT (ADDRESS) Mrs Albert Mizner Richmond Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lathrop Mo. DATE February 3 1935
19. UNDERTAKER (ADDRESS) Bill Mansur Richmond Missouri
20. FILED 2-5 1935 E E Hoy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 19.. to Feb 1st, 1935
I last saw her alive on Feb 1st, 1935. Death is said to have occurred on the date stated above, at 2.30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	

Other contributory causes of importance:

Nephritis acute

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 ....., 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) W. C. Combs, M. D.
(Address) Richmond, Mo