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.

APR 1 9 1935

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

Do not use this space.

9757

1. PLACE OF DEATH

County: Linn — Registration District No. 501

Township: Locust Creek — Primary Registration District No. 5666

City ..... (No. ....., ... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Lois Henry Packham

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

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles S. Packham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 1, 1858

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
77	2	21	

OCCUPATION

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

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) 1927

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sumner, Mo.

FATHER

13. NAME Not known

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

MOTHER

15. MAIDEN NAME Not known

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

17. INFORMANT Charles S. Packham
(ADDRESS) Brookfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rose Hill cem. Brookfield, Mo. DATE Mar 24, 1935

19. UNDERTAKER Rusk Funeral Home
(ADDRESS) Brookfield, Mo.

20. FILED 4-8 1935 J. W. Webb
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1935, to March 23, 1935.
I last saw he alive on March 21, 1935. Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture neck femur	2/12/35
Hypostatic Pneumonia	3 days

Other contributory causes of importance: .....

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/12, 1935
Where did injury occur? Linn Co. Infirmary
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In his room
Manner of injury Slipped & fell
Nature of injury Fracture neck femur

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

(Signed) E. J. Handley, M. D.
(Address) Brookfield Mo.