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.

OCT 17 1935

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

Do not use this space.

Dr. Lemmon

File No. 22713

Registered No. 254

1. PLACE OF DEATH
County Greene
Registration District No. 318
Township
Primary Registration District No. 2001
City Springfield Mo (No. 834 N. Jefferson St. Ward)

2. FULL NAME Lula Adline Dwyer
(a) Residence, No. 834 No Jefferson 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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J J Dwyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22 1880

7. AGE YEARS 55 MONTHS 3 DAYS 13 If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fort Payne Ala

FATHER
13. NAME Bazley B Bockwell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tuckyson

MOTHER
15. MAIDEN NAME Childers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tuckyson

17. INFORMANT (ADDRESS) Mrs Oliver Stack Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Park DATE July 6 1935

19. UNDERTAKER (ADDRESS) Laura L Dwyer Springfield Mo

20. FILED 7-6 1935 R W Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/4 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....
She was dead when I arrived.
I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 9 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	7/4 1935
(I had attended her previously for another stroke.)	

Other contributory causes of importance:

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) S B Lemmon, M. D.
(Address) SPRINGFIELD, MO.

100M-11-24-35