CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

JAN 28 1937

Do not use this space.

1. PLACE OF DEATH
County: Barton — Registration District No. 40 — File No. 43717
Township: — Primary Registration District No. 4024 — Registered No. 59
City: Lamar (No. ..... St. ..... Ward)

2. FULL NAME: Florence Ethel Putnam
(a) Residence, No. ..... St., ... Ward. St. Paul, Minn.
(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): Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Richard Putnam
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 6-1893
7. AGE: YEARS 43 — MONTHS 8 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Field Supervisor for Luziers, Inc. Cosmetic Mfgr's
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): St. Paul, Minn.

FATHER
13. NAME: Clarence De Montreville
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nebraska

MOTHER
15. MAIDEN NAME: Alice Leppen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Minn.

17. INFORMANT (ADDRESS): C. DeMontreville 7444 Gannon, St. Louis, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: St. Paul, Minn. DATE: ? 1936
19. UNDERTAKER (ADDRESS): Konantz Funeral Home Lamar, Mo.
20. FILED: Dec. 3 - 1936 Mrs. Josephine Mynatt. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 2nd. 1936
22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Skull Fracture	
(Automobile Collision)	12-2

Other contributory causes of importance:
Rt. hip crushed, several bruises and cuts on limbs, rt. arm broken. Chest injury

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? Accident Date of injury Dec. 2, 1936
Where did injury occur? Lamar, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Highway # 71, 1W, 1/4S Lamar.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify, ...
(Signed) C. F. Konantz-Coroner, M.D.
(Address) Lamar, Mo.