

JUL 3 0 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Miller*
Township *Richwood*
City *Iberia* (No. *1*)

Registration District No. *562*
Primary Registration District No. *4331*

File No. *24306*
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Lizzie Rawden

(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

MEDICAL CERTIFICATE OF DEATH

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 *Otto Rawden*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Apr. 16 - 1905*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 1 18

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housekeeper*
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 *15 1/2*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Iberia Mo.*

MOTHER
13. NAME *J. W. Clark*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Miller County Mo.*

15. MAIDEN NAME *Melvina Humphrey*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Miller County Mo.*

17. INFORMANT (ADDRESS) *Otto Rawden Iberia, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Brookview, Naveauk Mo.* DATE *6/6 - 37*

19. UNDERTAKER (ADDRESS) *G. L. Bay Iberia*

20. FILED *July 8, 1937 Mrs. W. L. Graw*
Register

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 4 - 1937*

22. I HEREBY CERTIFY, That I attended deceased from *May 15, 1937, to June 4, 1937*
I last saw him alive on *June 3, 1937*. 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:

Pulmonary Tuberculosis Date of onset _____

Other contributory causes of importance: *Straphicoma inguinal injury 7 days + premature birth of 6 mo*
Name of operation *none* Date of _____
What test confirmed diagnosis? *clinical* 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? *no*
If so, specify _____
(Signed) *F. C. Suggs*, M. D.
(Address) *Iberia*

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

1941³

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Miller Registration District No. 527
 Township _____ Primary Registration District No. 4331
 City Oberlin (No. _____) St. _____ Ward _____

File No. 24306
 Registered No. _____

2. FULL NAME

Lizzie Rowden

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
32 1 18

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. _____
 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS)

20. FILED Sept. 3 1937 Mrs. W. A. Chas. Green Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset

Other contributory causes of importance: Streptococcus infected injury of leg. Abrasion on anterior surface of leg by striking chair rocks.

Name of operation _____ Date of _____

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) F. C. Suggatt, M. D.

(Address) Oberlin Mo

SUPPLEMENTARY

REG. SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

U.S. GOVERNMENT PRINTING OFFICE
1967 O - 343-000

24306

6-14-68

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