

REC'D JUN 9 1938

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

Do not use this space.

1. PLACE OF DEATH

County ColeRegistration District No. 213

Township

Primary Registration District No. 3014

City

(No. St. Mary Hosp.)File No. 18057Registered No. 138

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17, 19357. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2 17 76

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

child

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 012. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Mary Hosp Mo13. NAME John Sanning14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Mary Hosp Mo15. MAIDEN NAME Lucy Roark16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Mary Hosp Mo17. INFORMANT (ADDRESS) John Sanning

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Mary Hosp. Mo DATE 5/3/3819. UNDERTAKER (ADDRESS) Family20. FILED 5/3/1938 Subs. of M. P. 111 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 193822. I HEREBY CERTIFY That I attended deceased from May 1, 1938 to May 3, 1938I last saw her alive on May 3, 1938. Death is said to have occurred on the date stated above, at 11:00 m.

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

Lobar pneumonia Date of onsetOther contributory causes of importance: 108Name of operation none Date of

What test confirmed diagnosis? 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? n

If so, specify

(Signed) Leon A. Taylor M. D.(Address) Jefferson City, Mo.

