

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

Do not use this space.

19064

1. PLACE OF DEATH

County Nodaway Registration District No. 629 File No. 245  
Township Jackson Primary Registration District No. 5831 Registered No. 6  
City Ravenwood (No. ....) St. .... Ward

2. FULL NAME

Lorena Adelaide Freeman

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Grant Freeman  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 12, 1875  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.  
51 11 2  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Ravenwood  
(STATE OR COUNTRY) Nodaway, Missouri

10. NAME OF FATHER Cooper Gooden  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....  
(STATE OR COUNTRY) Delaware  
12. MAIDEN NAME OF MOTHER Katie Goff  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....  
(STATE OR COUNTRY) unknown

14. INFORMANT Emma Freeman  
(Address) Ravenwood, Missouri

15. FILED ..... 19. A. P. Ross  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 14 1927

17. I HEREBY CERTIFY, That I attended deceased from June 8<sup>th</sup>, 1927, to June 14, 1927 that I last saw her alive on June 13, 1927, and that death occurred, on the date stated above, at 9:50 P.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Gastro-enteritis  
120B  
114B (duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH, ..... DATE OF .....

Did an operation precede death? No DATE OF .....  
Was there an autopsy? No

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Jas. A. Crockett, M. D.  
6/14, 1927 (Address) Steinberg, Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mount Lebanon DATE OF BURIAL 6/10 1927

20. UNDERTAKER Ross & Long ADDRESS Ravenwood Mo

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.

