

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.

MAY 29 1928

In file for last month

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

Do not use this space.

7990

1. PLACE OF DEATH
 County Butter Registration District No. 89
 Township Poplar Bluff Primary Registration District No. 3007
 City Poplar Bluff (No.) St. Ward)
 2. FULL NAME Florence R. Lever
 (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) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry E. Lever
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 9-1852
 7. AGE YEARS 77 MONTHS 8 DAYS 18 IF LESS than 1 day, hrs. or min.
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer
 9. BIRTHPLACE (CITY OR TOWN) Cleveland (STATE OR COUNTRY) Ohio
 10. NAME OF FATHER Lyman P. Fote
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cleveland (STATE OR COUNTRY) Ohio
 12. MAIDEN NAME OF MOTHER Ruth B. Smith
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mass. (STATE OR COUNTRY)
 14. INFORMANT Mr. Henry Lever (Address) Poplar Bluff
 15. FILED 4/10 19 28 Dr B J Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 27 1928
 17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at 8:45 P. M.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
myocarditis
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? WT. DATE OF
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? apnea
 (Signed) Alfred J. Clark, M. D.
 *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 Cape Girardeau DATE OF BURIAL Mar 29 1928
 20. UNDERTAKER Frank Wood Co Poplar Bluff ADDRESS

CONTRIBUTORY (SECONDARY) 930 7003 (duration) yrs. mos. ds. 4
 (duration) yrs. mos. ds.

