

JUL 6

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

Do not use this space.

17596

1. PLACE OF DEATH

County Laclede

Registration District No. 449

File No. _____

Township _____

Primary Registration District No. 4267

Registered No. 1471

City Lebanon (No. _____)

St. _____ Ward _____

2. FULL NAME

Doris Myrtle Jwey

(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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 4 1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min. 45 7 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employee) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Lebanon Mo (STATE OR COUNTRY)

10. NAME OF FATHER Mason Jwey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lebanon Mo (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Myrtle Wipper

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Laclede Mo (STATE OR COUNTRY)

14. INFORMANT Mason Jwey (Address) Lebanon Mo

15. FILED 5/11 1928 J M Ballin REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 11 1928

17. I HEREBY CERTIFY That I attended deceased from May 6, 1928, to May 11, 1928 that I last saw him alive on May 11, 1928, and that death occurred, on the date stated above, at _____

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Suppression General
4-1 115A
36
(duration) yrs. 6 mos. 5 ds.
CONTRIBUTORY Impacted Tooth (SECONDARY) (duration) yrs. 3 mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? W.P. Thompson (Signed) J. Thompson, M. D. (Address) Reye Lebanon

*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 Bells Cury DATE OF BURIAL May 19 28

20. UNDERTAKER Johnson & Stewart ADDRESS Lebanon

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.

WHILE FURNISHING WITH CONTAINING INFORMATION IS A PERMANENT RECORD

