24 1028

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

Do not use this space.

1. PLACE OF DEATH

County LEWIS — Registration District No. 481 — File No. 3 24342

Township ~~[illegible]~~ — Primary Registration District No. 4290 — Registered No. 5

City LEWISTOWN, MO. (No. ..... St. ..... Ward)

2. FULL NAME TRIXIE VERYL DANCE

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
FEMALE	WHITE	SINGLE

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) DEC. 25. 1900

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
2	27 ~~22~~	6	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Lived with her
(b) General nature of industry, business, or establishment in which employed (or employer) Mother at home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) SANGAMON CO. ILL.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER JOHN SAMUEL DANCE

11. BIRTHPLACE OF FATHER (CITY OR TOWN) LEWISTOWN
(STATE OR COUNTRY) MISSOURI.

12. MAIDEN NAME OF MOTHER MATTIE MAE FOLEY

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

14. INFORMANT Mrs Mattie Mae Dance
(Address) Lewistown Mo

15. FILED July 5, 1928 J C Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 5 1928

17. I HEREBY CERTIFY, That I attended deceased from April 6, 1928, to July 5, 1928 that I last saw her alive on July 5, 1928, and that death occurred, on the date stated above, at 12:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis

23A

31

(duration) 3 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms & signs

(Signed) J C Brown, M. D

7/5, 1928 (Address)

*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 Lewistown Mo — DATE OF BURIAL 7/6 1928

20. UNDERTAKER James A Coder — ADDRESS Lewistown Mo

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