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

Do not use this space.

33121

1. PLACE OF DEATH
County: Cooper — Registration District No. 218 — File No.
Township: — Primary Registration District No. 3015 — Registered No. 92
City: Boonville (No. ..... St. ..... Ward)

2. FULL NAME: Miss Addie Lionberger.
(a) Residence. No. Freeport Ellinois Ward. Freeport Ellinois
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 1 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) Oct. 17" 1887.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	41		4	

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

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

PARENTS
10. NAME OF FATHER Frank Lionberger
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Boonville Mo.
12. MAIDEN NAME OF MOTHER Emma Talbot
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Loutre Island.

14. INFORMANT Miss Mary Lionberger
(Address) Boonville Mo.

15. FILED Oct 23, 1928 F L Smiley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 21" 1928

17. I HEREBY CERTIFY, That I attended deceased from June 1927, to Oct 21 1928 that I last saw her alive on Oct 21 1928, and that death occurred, on the date stated above, at 12 Night.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sarcoma uteri & vagina
46 (duration) 1 yrs. 5 mos. ds.
CONTRIBUTORY (SECONDARY) Sarcoma of chest and liver
(duration) yrs. 3 mos. ? ds.

18. WHERE WAS DISEASE CONTRACTED ?
IF NOT AT PLACE OF DEATH?
3 DID AN OPERATION PRECEDE DEATH? yes DATE OF June 12th 1924
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? microscopic & ray
(Signed) C. H. Ravenswaay, M. D.
, 19 (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	DATE OF BURIAL
Walnut Grove Cemetery	Oct. 23"28
20. UNDERTAKER	ADDRESS
Goodman & Boller	Boonville 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.