

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

Do not use this space.

35853

1. PLACE OF DEATH

County Vermon.
Township Washington
City Herzegovina (No.)

Registration District No. 875
Primary Registration District No. 6162

File No.
Registered No. 245
St. Ward

2. FULL NAME

(a) Residence. No. State Hospital St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 2 yrs. 10 mos. 2 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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. O. Tweed

7. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 12 1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
51 | 7 | 24

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) Houston Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Miss E. Duke

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

12. MAIDEN NAME OF MOTHER Mary A. Lynch

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

14. INFORMANT W. O. Tweed
(Address) Houston Mo.

15. FILED 1/5/28 E. P. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 6 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 9 1925, to Oct. 6 1928, that I last saw her alive on 11/11/28, 1928, and that death occurred, on the date stated above, at 1:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary tuberculosis
23A
31 (duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) T. T. O. King, M. D.

Oct. 6, 1928 (Address) Nevada 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 Corbowl Missouri DATE OF BURIAL 10-8 1928

20. UNDERTAKER Allen V. Hays ADDRESS Nevada 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.

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