JAN 23 1920

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

Do not use this space.

41419

1. PLACE OF DEATH

County Jefferson — Registration District No. 421 — File No.

Township Joachim — Primary Registration District No. 5575 — Registered No. 109

City Crystal City (No. ..., ... St. ..... Ward)

2. FULL NAME Lorene Ann Pruneau

(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 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) May 1st 1927

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	1	7	24	

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

9. BIRTHPLACE (CITY OR TOWN) Crystal City
(STATE OR COUNTRY) Jefferson Mo

PARENTS

10. NAME OF FATHER Emile Preuneau

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Crystal City
(STATE OR COUNTRY) Jefferson Mo

12. MAIDEN NAME OF MOTHER Mageline Linder

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Crystal City
(STATE OR COUNTRY) Jefferson Mo.

14. INFORMANT Emile Preuneau
(Address) Crystal City Mo

15. FILED 12/26 1928 J. E. Rutledge REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 23rd 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 20th, 1928, to Dec 23, 1928 that I last saw her alive on Dec 23, 1928, and that death occurred, on the date stated above, at 10 20 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
11A
10SA
113
(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Laryngitis & Acute Oedema of Glottis
(duration) ..... yrs. ..... mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) J. L. Cummerford, M. D
Dec 26, 1928 (Address) Crystal City 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 Festus Mo — DATE OF BURIAL Dec 24 1928

20. UNDERTAKER Chester & Vinyard — ADDRESS Festus

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD