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

Do not use this space.

775

1 1929

27
2
4

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

1. PLACE OF DEATH

County Cooper — Registration District No. 218 — File No.

Township — Primary Registration District No. 3015 — Registered No. 2

City Boonville (No. ..... St. ..... Ward)

2. FULL NAME Mrs ~~Holman~~ Elizabeth Lee

(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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (or) WIFE OF: Holman Lee.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 30-1885

7. AGE: Years 43 — Months 3 — Days 4 — If LESS than 1 day, ... hrs. or ..... min.

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): Blacklawyer
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Marshall Blacklawyer
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY):
12. MAIDEN NAME OF MOTHER: Carroll Logsdon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY):

14. INFORMANT: Holman Lee
(Address): Boonville Mo

15. FILED Jan 4 1929 — H. L. Smiley, REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 3 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1928, to January 3, 1929, that I last saw her alive on January 3, 1929, and that death occurred, on the date stated above, at 2 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Encephalitis acuta
11B post influenza
78B
111B (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY): Hypostatic pneumonia
(duration) yrs. mos. 2 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? Spinal puncture + clinical symptoms

(Signed) [signature], M. D
, 19 (Address) Boonville 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: Walnut Grove Cem. — DATE OF BURIAL: Jan 4 1929

20. UNDERTAKER: Goodman & Boller. — ADDRESS: Boonville Mo