JAN 25 1929

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

Do not use this space. 2667

~~41830~~

1. PLACE OF DEATH
County New Madrid — Registration District No. 604 — File No. 12
Township — Primary Registration District No. 5802 — Registered No.
City " " (No. " St. Ward)

2. FULL NAME Eliza Lahnar
(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): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Arnold Lahnar
6. DATE OF BIRTH (MONTH, DAY AND YEAR): 30-9-1851
7. AGE: Years 78, Months 4, Days 17 — If LESS than 1 day, ...hrs. or ...min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: His wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois
PARENTS
10. NAME OF FATHER: Don't Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): — —
12. MAIDEN NAME OF MOTHER: — —
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): — —
14. INFORMANT: A. McCalgan
(Address) New Madrid
15. FILED 1/18, 1929 — M Bowman, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1/17 1929
17. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1928, to Jan 10, 1929, that I last saw her alive on Jan 11, 1929, and that death occurred, on the date stated above, at 1:30 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senility
160 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Genl. Decay
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. D. Baker, M.D.
, 19 (Address) New Madrid 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: Hickman Ky — DATE OF BURIAL: 1-18 1929
20. UNDERTAKER: Richards Und. Co — ADDRESS: New Madrid

N. B.—Every item of information ... CAUSE OF DEATH in plain terms, so ...

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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County New Madrid Registration District No. 604 File No. 12
Township " " Primary Registration District No. 5802 Registered No. .....
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Eliza Lohnar
(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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) W

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

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

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

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) .....
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unk.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unk.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unk.
(STATE OR COUNTRY)

14. INFORMANT .....
(Address)

15. FILED 1/18/1929 W. O. Bannon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/17 1929

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ....., 19..... that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

.....
.....
.....
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) ....., 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 19

20. UNDERTAKER | ADDRESS

SUPPLEMENTARY

...on should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should ... that it may be properly classified. Exact statement of OCCUPATION is ... important.
... CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

5-2667