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

Do not use this space.

7231

1. PLACE OF DEATH
County Marion — Registration District No. ~~3029~~ 547
Township Mason — Primary Registration District No. ~~547~~ 3029
City Hannibal (No. 415 Bird St. St. 2nd Ward)

File No.
Registered No. 55

2. FULL NAME Lenora J. Friend
(a) Residence. No. 415 Bird St. St., 2nd 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: Orlando Friend

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 29 - 1859

7. AGE: 70 Years, 0 Months, 21 Days. If LESS than 1 day, ___ hrs. or ___ min.

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

9. BIRTHPLACE (CITY OR TOWN): Carlyle
(STATE OR COUNTRY): Ill.

PARENTS

10. NAME OF FATHER: Moses E. Richards
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Eliza Scott
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Unknown

14. INFORMANT: Orlando Friend
(Address): Hannibal Mo.

15. FILED 2/25, 1929 O. Shode, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 20 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan - 1, 1929, to Feb - 20, 1929, that I last saw h. ~~w~~ alive on Feb. 20, 1929 and that death occurred, on the date stated above, at 8 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Auto Toxemia
(duration) yrs. 1 mos. 20 ds.
CONTRIBUTORY (SECONDARY): Acute Phlebitis & Embolism Cerebral
(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?
(Signed) J. J. Bowen, M. D.
2/22, 1929 (Address) Hannibal 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: Riverside Cem.
DATE OF BURIAL: Feb. 22 1929

20. UNDERTAKER: Wm M. Smith
ADDRESS: Hannibal 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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