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

Do not use this space.
32867

1. PLACE OF DEATH
County Adair — Registration District No. 1039 — File No. 11
Township Morrow — Primary Registration District No. 5010 — Registered No. 11
City Near Stahl (No. ..... St. ..... Ward)

2. FULL NAME Ethel Elizabeth Pointer
(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 25 yrs. 11 mos. 17 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	Married

5A. ~~If Married, Widowed, or Divorced~~ ~~Husband of~~ (OR) WIFE OF James Pointer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 30 1903

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	25	11	17	

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) Adair Co. (STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER George Sizemore
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Polly Bachman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo. (STATE OR COUNTRY)

14. INFORMANT James Pointer
(Address) Stahl Mo.

15. FILED Nov 1 1929 Clyde Myers REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1929, to Oct 17, 1929 that I last saw her alive on Oct 17, 1929, and that death occurred, on the date stated above, at 12:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Second Degree Burns over anterior surface of body - Accident -
181 (duration) ..... yrs. ..... mos. 6 hrs

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH ✓
DID AN OPERATION PRECEDE DEATH? no DATE OF 177 28
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? no
(Signed) H T Garrison, M. D.
Oct 18, 1929 (Address) Novinger 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	DATE OF BURIAL
Moulock Cemet. Adair Co. Mo.	Oct 18 1929
20. UNDERTAKER Isaac Zeigler	ADDRESS Greencastle

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.