

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

Do not use this space.

34271

1. PLACE OF DEATH

County Lawrence Registration District No. 467
 Township Curora Primary Registration District No. 4280
 City Curora No. 107 St. Wendall St Ward

File No.
 Registered No. 148
 St. Ward

2. FULL NAME

(a) Residence. No. 107 Wendall St., Wendall 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John S. Drake</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 13, 1849</u>				
7. AGE	YEARS <u>79</u>	MONTHS <u>11</u>	DAYS <u>24</u>	If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 7 19 29

17. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1929 to Oct 7, 1929, and that I last saw him alive on Oct 7 - 9:30, 1929, and that death occurred, on the date stated above, at 9:30 AM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Liver pneumonia
1148
106 P/O/O

(duration) 4 yrs. 4 mos. 12 da.

CONTRIBUTORY (SECONDARY) Bronchitis
 (duration) 6 yrs. 6 mos. 4 da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH ✓

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? physical diagnosis
 (Signed) J. S. Johnson, M. D.
 , 19 (Address) Curora 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.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Walter Booth</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>
	12. MAIDEN NAME OF MOTHER <u>Wm. Johnson</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Johnson</u>

14. INFORMANT J. H. Ballard
 (Address) Curora Mo

15. FILED 108-1929 R. W. Smart
By P. A. REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Maple Park Cem. DATE OF BURIAL Oct 9 19 29

20. UNDERTAKER Wm. Johnson ADDRESS Curora, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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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