FEB 20 1930

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

Do not use this space.

2333

1. PLACE OF DEATH

County: Randolph — Registration District No.: 735 — File No.:

Township: — Primary Registration District No.: 3034 — Registered No.: 251

City: Moberly (No. Wabash Hospital St. Ward)

2. FULL NAME: Lorenzo D. Routledge

(a) Residence. No. 908 W. Rollins St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 14th 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	78	1	20	

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

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

PARENTS

10. NAME OF FATHER: No data
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) No data
12. MAIDEN NAME OF MOTHER: No data
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) No data

14. INFORMANT: W. Glen Routledge
(Address) Moberly, Mo.

15. FILED: Jan 20 1930 Dr. Thos. L. Fleming REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 4th 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930, to Jan 4, 1930 that I last saw him alive on Jan 4, 1930, and that death occurred, on the date stated above, at 8:45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Epidemic cerebrospinal meningitis
18

(duration) ...yrs. ...mos. 4 ds.

CONTRIBUTORY (SECONDARY) 24

(duration) ...yrs. ...mos. ...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? Micro-organisms in spinal fluid

(Signed) R. D. Streeter, M. D.

1-5th, 1929 (Address) Moberly, 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: Moberly, Mo — DATE OF BURIAL: Jan 5th 1930

20. UNDERTAKER: Mahan and Son — ADDRESS: Moberly, 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.

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