

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

Do not use this space.

12828

**1. PLACE OF DEATH**

County Jackson  
Township Ray  
City B.C.

Registration District No. 522  
Primary Registration District No. 12

File No. 1107  
Registered No. 1107  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Lucille Freeland  
(a) Residence No. 5812 E 14 St. 12 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 married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 20, 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
21 0 0

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) What Cheer  
(STATE OR COUNTRY) Iowa

10. NAME OF FATHER Fred McClaren

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ia.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER May Park

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ia.  
(STATE OR COUNTRY)

14. INFORMANT Harrell Freeland  
(Address) 5812 E 14

15. FILED 4/22 19 30 M. M. Crowe REGISTRAR  
Asst

**5 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 20, 1930

17. I HEREBY CERTIFY, That I attended deceased from 9-26, 1930 to 4-20, 1930 that I last saw her alive on 4-20-30, 1930 and that death occurred, on the date stated above, at 230p m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulmonary Embolism  
141  
1213  
4-20-30 (duration) yrs. mos. 4 ds.  
CONTRIBUTORY (SECONDARY) Incomplete abortion 2 mo  
Chronic appendicitis 2 mo  
Cystic ovary - (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 4-16-30

WAS THERE AN AUTOPSY?  
WHAT TEST CONFIRMED DIAGNOSIS? Observation  
(Signed) Tom Sawyer, M. D.  
4/21 19 30 (Address) 1701 Jackson St

\*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 Int Moral DATE OF BURIAL Apr 23, 1930

20. UNDERTAKER C. H. Blackman & Son ADDRESS 2825 Indep

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.

Dr. Sawyer - 17 of Jackson.