

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

Do not use this space.

13400

MAY 27 1930

1. PLACE OF DEATH

County Montgomery Registration District No. 591
Township Prairie Primary Registration District No. 5789
City Middletown, Mo (No.) St. Ward)

2. FULL NAME

(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 47 yrs. 6 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
XXXXXXXXXXXX
Oct. 10th. 1932

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>47</u>		<u>6</u>	<u>1</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Middletown, Mo.
(STATE OR COUNTRY) Montgomery County

10. NAME OF FATHER George Leverette

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

12. MAIDEN NAME OF MOTHER Mary Swatzel

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

14. INFORMANT William Leverette
(Address) Middletown, Mo

15. FILED 4/12 1930 W. Davidson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 10th. 1930

17. I HEREBY CERTIFY, That I attended deceased from April 1st 1930, to Apr. 10th 1930 that I last saw her alive on Apr. 11th 1930, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
acute Sotanus
22
107H

CONTRIBUTORY (SECONDARY) Deglutition Pneumonia
(duration) yrs. mos. ds. 3 ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? Positive
(Signed) R. Birch M. D.

Pr. 1930 (Address) Middletown, 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 Middletown Cemetery
DATE OF BURIAL April, 1930

20. UNDERTAKER Jones & Wells
ADDRESS Middletown, 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.

