MAY 28 1930

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

Do not use this space.

File No. 13853

Registered No. 41

1. PLACE OF DEATH

County St. Louis — Registration District No. 788

Township Central — Primary Registration District No. 447

City Brentwood Mo (No. 1409 Cecelia Ave, St. ..... Ward)

2. FULL NAME Lorena Manville Veazey

(a) Residence. No. 1409 Cecelia Ave, St., ... 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	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 Anson Veazey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9/9/1857

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
72	6	29	

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) Indianapolis
(STATE OR COUNTRY) Indiana

PARENTS

10. NAME OF FATHER John Byrlit

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

12. MAIDEN NAME OF MOTHER Francis Cully

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

14. INFORMANT Anson Veazey
(Address) 1409 Cecelia ave

15. FILED 4-9, 1930 Arthur F. Westrup REGISTRAR
per Elsie Nenson

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/8/30 19

17. I HEREBY CERTIFY, That I attended deceased from 1927, 19 ..... to 1930, 19 ..... that I last saw h. alive on 4/5/30, 19 ..... and that death occurred, on the date stated above, at 8.25 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
Chronic Bronchitis with
probable Lung abscess
..... (duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Secondary anemia
..... (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? Blood + Sputum exam.
(Signed) George H. Mathae, M. D.
, 19 (Address) 3109 S. Grand.

*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
Missouri Crematory	4/10 19 30

20. UNDERTAKER	ADDRESS
McLaughlin	23 W Lockwood Webster Groves

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.

La 9023