JUN 26 1930

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

Do not use this space.

File No. 16636

Registered No. 14

1. PLACE OF DEATH

County: Lewis — Registration District No. 480

Township: Union — Primary Registration District No. 5-645

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Lulu Mae Riegel

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

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.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 16th 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	4	5	

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

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

PARENTS

10. NAME OF FATHER W.W.Fountain

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Lee, County, Iowa.

12. MAIDEN NAME OF MOTHER Sophia McReynolds

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Knon County, Mo.

14. INFORMANT J.S.Riegel
(Address) La Grange, Mo.

15. FILED 5/23, 1930 W S Allen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 21st 1930

17. I HEREBY CERTIFY, That I attended deceased from August 15, 1929, to May 21st, 1930, that I last saw her alive on May 19, 1930, and that death occurred, on the date stated above, at 12.45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of breast
50
Cancer (duration) 8 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Anemia & Toxemia (duration) 1 yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? yes DATE OF 1922

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? clinical signs & symptoms

(Signed) Dr. L. E. Carr M.D.

5/22, 1930 (Address) La Grange 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: La Grange

DATE OF BURIAL: May 23 1930

20. UNDERTAKER: Baskett

ADDRESS: Goring, Mo.