JUN 26 1930

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

Do not use this space.

19369

File No.

Registered No. 50

1. PLACE OF DEATH
County Knox
Township Center
City Edina (No. , St. , Ward)
Registration District No. 441
Primary Registration District No. 4259

2. FULL NAME Mrs Lou Evelyn Bead

(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 21 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 (write the word): Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 15-1847

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	6	19	

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): Brown Co Ohio
(STATE OR COUNTRY): Ohio

PARENTS

10. NAME OF FATHER: Rev S. K. Fowler
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Dont Know
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Ohio

14. INFORMANT: Della Edelen
(Address): Edina Mo.

15. FILED 6/9, 1930 Geo Browne REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 3rd 1930

17. I HEREBY CERTIFY, That I attended deceased from April 27th 1930, to June 3rd 1930, that I last saw her alive on June 1st 1930, and that death occurred, on the date stated above, at 4 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis
CHD
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W F O'Connor, M. D
, 19 (Address) Edina 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: Turville Cem Edina Mo — DATE OF BURIAL: 6-4-1930

20. UNDERTAKER: Kriegshauser Bros — ADDRESS: Edina 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.