NOV 22 1930

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

Do not use this space.

32495

1. PLACE OF DEATH
County: Daviess
Registration District No.: 250
Primary Registration District No.: 4150
File No.:
Registered No.: 588
Township:
City: Gallatin (No. ..... St. ..... Ward)

2. FULL NAME: Lula Ada Venable

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: B. Venable

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 29-1860

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
70	7	11	

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): Home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Daviess Co. Mo.

PARENTS
10. NAME OF FATHER: Wm Davis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Eliza Covington
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri

14. INFORMANT: B. Venable
(Address): Gallatin Mo.

15. FILED 10/13, 1930 P. L. Gardner REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 10 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct. 8 — 1930, to Oct. 10 — 1930, that I last saw her alive on Oct. — 10 — 1930, and that death occurred, on the date stated above, at 7:30 P. m.,

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
DUE TO
..... (duration) Don't Know 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) L. R. Swolin, M. D.
10/13, 1930 (Address) Gallatin, 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: Brown Cemetery
DATE OF BURIAL: Oct. 12 1930
20. UNDERTAKER: A. A. Hope
ADDRESS: Gallatin

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD