

MAR 27 1931

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

**1. PLACE OF DEATH**

County Pulaski  
Township  
City Richland Mo. (No. ....)

Registration District No. 712  
Primary Registration District No. 4427

File No. 40405-a  
Registered No. 7  
St. .... Ward)

**2. FULL NAME** Louise Traw

(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****MEDICAL CERTIFICATE OF DEATH**

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 Josiah S. Traw

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 27, 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
83 11 0

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. at home  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Floy Black  
(Address) Brownfield - mo -

15. FILED 3-9-1931 Overt A. Oliver  
REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 27 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1930, to Dec 27, 1930, that I last saw her alive on Dec 27, 1930, and that death occurred, on the date stated above, at 10-0 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Bronchitis Pneumonia

100 W 107H  
(duration) - yrs. - mos. 10 ds.

CONTRIBUTORY Unknown  
(SECONDARY)  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH at place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Bed Side Diagnosis -  
(Signed) H. C. Murphy M. D.

12.27.1930 (Address) Richland. 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 Brownfield - Mo. DATE OF BURIAL Dec 29 1930

20. UNDERTAKER Traw & Evans. Stoutland. Mo. ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified.

40405-a

