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

Do not use this space.

1961

1. PLACE OF DEATH
County Lincoln — Registration District No. 486 — File No.
Township Hurricane — Primary Registration District No. 5649 — Registered No. 3
City (No. St. Ward)

2. FULL NAME Cleda Mary Daniels
(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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): M.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 16 1901
7. AGE: YEARS 29 | MONTHS 11 | DAYS 9 | If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): 235
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alton Ill.
PARENTS
10. NAME OF FATHER: Sam Laird
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ill.
12. MAIDEN NAME OF MOTHER: Eliza Painlabet
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo 1
14. INFORMANT: Sam Laird
(Address) Elsberry Mo.
15. FILED 2-10, 1931 C. E. Powell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 25th 1931
17. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1931 to Jan. 25, 1931, that I last saw her alive on Jan. 25, 1931, and that death occurred, on the date stated above, at 8 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia
108
(duration) yrs. mos. 7 ds.
CONTRIBUTORY (SECONDARY) 108
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. E. Powell, M. D.
, 19 (Address) Elsberry, 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: Elsberry Cemetery — DATE OF BURIAL: 1/27 1931
20. UNDERTAKER: W. D. Bradley — ADDRESS: Elsberry

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

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.

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