

WRITE IN UNFADING INK---THIS IS

N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state CAUSE OF DEATH in plain terms, so that it may be properly classified.

MAR 25 1931

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

Do not use this space.

6220

1. PLACE OF DEATH

38 County Linn Registration District No. 501  
Township \_\_\_\_\_ Primary Registration District No. 4904  
5 City Linn (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 17 1924</u>				
7. AGE	YEARS <u>X</u>	MONTHS <u>6</u>	DAYS <u>2</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>X</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>X</u>			
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation. <u>X</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Linn, Mo.</u>				
FATHER	13. NAME <u>C. D. Lewis</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Linn, Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Ethel Woods</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Linn, Mo.</u>			
17. INFORMANT <u>C. D. Lewis</u> (ADDRESS) <u>Linn, Mo.</u>				
18. BURIAL, CREMATION OR REMOVAL PLACE <u>W. H. Oline</u> DATE <u>July 15 1931</u>				
19. UNDERTAKER <u>H. G. Pharr</u> (ADDRESS) <u>Linn, Mo.</u>				
20. FILED <u>July 16 1931</u> <u>D. A. Taylor</u> Registrar.				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1931 to Feb. 14 1931  
I last saw her alive on Feb. 14 1931. Death is said to have occurred on the date stated above, at L.P.M.  
The principal cause of death and related causes of importance were as follows:

<u>Pertussis</u>	Date of onset <u>Jan. 1</u>
<u>Bacterial Pneumonia</u>	<u>Feb. 12</u>

Other contributory causes of importance: \_\_\_\_\_

Name of operation X Date of operation 3  
What test confirmed diagnosis? X Was there an autopsy? X

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? X Date of injury 2  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. X

Manner of injury X  
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? X  
If so, specify \_\_\_\_\_  
(Signed) J. O. Carver, M.D.  
(Address) Linn, Mo.

