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.

MAY 23 1931

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

Do not use this space.

13767

1. PLACE OF DEATH

37 County Gasconade — Registration District No. 305 — File No.

Township Brushcreek — Primary Registration District No. 5423 — Registered No. 11

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Ida Alice Souders

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 61 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): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Divorced wife of Wm Hensley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28 1870

7. AGE: YEARS 61 — MONTHS 1 — DAYS 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 235
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tea, Missouri

FATHER

13. NAME Wm. Souders
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER

15. MAIDEN NAME Sarah Renicke
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Japan, Mo.

17. INFORMANT (ADDRESS) D. W. Hensley Roseburg RFD #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lockhart Cemetery Franklin Cemetery DATE April 13 1931

19. UNDERTAKER (ADDRESS) H. P. Gettenstroeter Owensville Mo

20. FILED 4-15 1931 J. F. Ferrell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10 1931

22. I HEREBY CERTIFY, That I attended deceased from April 2nd 1931, to April 10 1931.
I last saw her alive on April 10, 1931. Death is said to have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset 4/6/31

Other contributory causes of importance:
Influenza

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify .....
(Signed) Clarence E. Jump, M. D.
(Address) Owensville, Mo.