

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

Do not use this space.

22041

**1. PLACE OF DEATH**

County Livingston Registration District No. 508  
Township Chillicothe Primary Registration District No. 5674  
City (No. ) St. Ward

File No. \_\_\_\_\_  
Registered No. 67

**2. FULL NAME** Mildred Lee Singleton

(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 Single (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 16 1931

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

22. I HEREBY CERTIFY, That I attended deceased from June 10 1931, to June 16 1931

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29 31

I last saw her alive on June 16 1931. Death is said to have occurred on the date stated above, at 9:40 P. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
23 1 23

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia Date of onset June 14-31

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None  
10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None

Other contributory causes of importance: Whooping cough  
9 107A 9  
May

12. BIRTHPLACE (CITY OR TOWN) Jackson Township  
(STATE OR COUNTRY) Livingston Co Mo

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

13. NAME Lee Singleton

What test confirmed diagnosis? symptom Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) Livingston Co Mo  
(STATE OR COUNTRY)

15. MAIDEN NAME Lotta Wilhite

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) Livingston Co Mo  
(STATE OR COUNTRY)

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Lee Singleton  
(ADDRESS) R. F. D. Hickory Mo

Manner of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Wheeling DATE June 18 1931

Nature of injury \_\_\_\_\_

19. UNDERTAKER F. B. Norman  
(ADDRESS) Chillicothe Mo

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

20. FILED 6/18 1931 Orlew Barry  
Registrar.

(Signed) Emory, M. D.

(Address) Chillicothe Mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is required.

JUL 25 1931

