

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

Do not use this space.

24070

1. PLACE OF DEATH

County Webster
Township Finley
City _____ (No. _____)

Registration District No. 897
Primary Registration District No. 6101

File No. _____
Registered No. 26
St. _____ Ward _____

2. FULL NAME

Donald Robert Lueallen

(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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21 - 1931

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

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. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seymour Mo

13. NAME James Lueallen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

15. MAIDEN NAME Emma Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seymour Mo

17. INFORMANT (ADDRESS) James Lueallen

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Center DATE 6-22-31

19. UNDERTAKER (ADDRESS) W. A. Watkins

20. FILED 6-22-31 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1931, to June 20, 1931
I last saw him alive on June 20, 1931. Death is said to have occurred on the date stated above, at 12 m.

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

Granulosa -
Cancer of the ovary
of the
ovary
Other contributory causes of importance: _____
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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? If so, specify _____

(Signed) W. A. Watkins
(Address) Seymour Mo

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.

28 1931

WHITE PRINT, WITH OUTRADING INK—THIS IS A PERMANENT RECORD

