

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.

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

Do not use this space.

33458

1. PLACE OF DEATHCounty NorthRegistration District No. 1057Township NorthPrimary Registration District No. 6214City Lebanon (No. 1)File No. 3Registered No. 3St. Lebanon Ward 1**2. FULL NAME**(a) Residence. No. 1 St. Lebanon Ward 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.**PERSONAL AND STATISTICAL PARTICULARS****3. SEX**M**4. COLOR OR RACE**W**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**Married**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**Alsay LaMunyon**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**10/28/1904**7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

261027**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Lebanon**10. NAME OF FATHER**Mr. Joseph Deen**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Lebanon**12. MAIDEN NAME OF MOTHER**Mrs. Nellie Tolbert**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Madawasky, Co.**14.**

INFORMANT

(Address)

Alsay LaMunyonLebanon City, Mo.**15.**FILED 10/31P. C. Meech

REGISTRAR

MEDICAL CERTIFICATE OF DEATH**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Sept 26 1931**17. I HEREBY CERTIFY, That I attended deceased from** Sept 17, 1931, to Sept 26, 1931that I last saw h. alive on Sept 26, 1931, and that death occurred, on the date stated above, at 11 m.**THE CAUSE OF DEATH* WAS AS FOLLOWS:**peritonitis15/4529/45(duration) yrs. mos. ds. 9CONTRIBUTORY (SECONDARY) Riesperal Feverafter child birth (duration) yrs. mos. ds. 9**18. WHERE WAS DISEASE CONTRACTED**IF NOT AT PLACE OF DEATH at place of birthDID AN OPERATION PRECEDE DEATH? no DATE OF —WAS THERE AN AUTOPSY? —WHAT TEST CONFIRMED DIAGNOSIS? all symptoms(Signed) Alexander, M. D., 19 (Address) Shepherd

*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**DATE OF BURIAL**Barnell Cem.9/27/1931**20. UNDERTAKER**

ADDRESS

Arch C. DwyerLebanon City

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