

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

Do not use this space.

38755

247

1. PLACE OF DEATH

County Registration District No. 774
 Township Primary Registration District No. 6078B File No. 247
 City St. Ward)

2. FULL NAME

Blara Lund

(a) Residence, No. Sealington mo. 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 7 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 Chas H. Lund

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1st 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
29 4 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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
Housewife

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

13. NAME John Corey

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

15. MAIDEN NAME Olive Sizemore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Chas Lund (ADDRESS) Sealington mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Cem DATE 11-8 1931

19. UNDERTAKER Baldwell Bros (ADDRESS) East Beaver, mo

20. FILED Nov 30 1931 W J Suter Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1931 to Nov - 6 1931
 I last saw h. alive on Nov - 5 - 1931 Death is said to have occurred on the date stated above, at 10:15 a.m.

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

Pulmonary Tuberculosis
Int. Tuberculosis
 Date of onset

Other contributory causes of importance:
Int. Tuberculosis

Name of operation none Date of

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

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) W J Suter, M. D.
 (Address) East Beaver

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

DEC 6 1931

