

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

Do not use this space.

41541

1. PLACE OF DEATH

County Marion Registration District No. 524
Township Marion Primary Registration District No. 3029
City Hannibal (No. 3439 St Mary Ave)

File No. _____
Registered No. 377
Ward 6

2. FULL NAME

(a) Residence, No. 3439 St Mary Ave St. 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. O. Lavery</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 11 1846</u>		
7. AGE	YEARS	MONTHS
	<u>85</u>	<u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		11. Total time (years) spent in this occupation.....
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).....		

12. BIRTHPLACE (CITY OR TOWN) Hinderhook (STATE OR COUNTRY) Ill.

13. NAME Thomas Clark

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

15. MAIDEN NAME Maria Hinder

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

17. INFORMANT Mrs Sylvester Colborn (ADDRESS) Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Elmer DATE 12-13 1931

19. UNDERTAKER James O. Donnell (ADDRESS) Hannibal Mo

20. FILED 12/15 1931 C. C. Cousine Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 8th 1931, to Dec 10th 1931. I last saw her alive on Dec 10th 1931. Death is said to have occurred on the date stated above, at 11 m.

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

Lobar Pneumonia
108
108 108

Date of onset

Other contributory causes of importance:

Suicidy

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____, 1931

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) J. C. Hopkins

(Address) 510 B. Hwy

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.



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