

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

Do not use this space.

5218

1. PLACE OF DEATH

53 County Laclede Registration District No. 449
 2 Township Lebanon Mo Primary Registration District No. 5009
 6 City Lebanon Mo (No. 426) St. _____ Ward _____

File No. _____
 Registered No. 1717

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|--|--|---|---|--|
| 3. SEX <u>F</u> | 4. COLOR OR RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas Mizer</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 30-1852</u> | | | | |
| 7. AGE | YEARS <u>79</u> | MONTHS <u>5</u> | DAYS <u>27</u> | If LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> | | | |
| | 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 | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1932 to Feb 25, 1932

I last saw her alive on Feb 25, 1932 Death is said

to have occurred on the date stated above, at _____ m.

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

arterio sclerotic
myocardial infarction
hypertension
 Date of onset Jan 17

Other contributory cause of importance: 97 ①

Name of operation _____ Date of _____
 What test confirmed diagnosis? Physical exam 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 unk
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) P. Thompson, M. D.

(Address) Lebanon Mo

| | |
|---|--|
| FATHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Laclede Mo</u> |
| | 13. NAME <u>J. M. Clunkerheard</u> |
| MOTHER | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u> |
| | 15. MAIDEN NAME <u>Sarah A Elder</u> |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u> |
| 17. INFORMANT <u>J. E. Clunkerheard</u> (ADDRESS) <u>Lebanon Mo</u> | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lebanon Cemetery</u> DATE <u>2/26</u> , 19 <u>32</u> | |
| 19. UNDERTAKER <u>Helman Stewart</u> (ADDRESS) <u>Lebanon Mo</u> | |
| 20. FILED <u>2/27</u> , 19 <u>32</u> <u>J. M. Bellamy</u> Registrar. | |

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. MAR 23 1932

