

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.

MAY 8 5 1934

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

Do not use this space.

12955

1. PLACE OF DEATH
 49 County Genier Registration District No. 411
 2 Township Salina Primary Registration District No. 2003
 5 City Genier No. _____ St. _____ Ward _____

2. FULL NAME Loretta Estelene Sulstrap
 (a) Residence, No. Racine Mo. RFD 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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-16, 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
— 5 — — — —

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 180
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 130
 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) Newton Co Mo

13. NAME John Sulstrap

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Racine Mo

15. MAIDEN NAME Rose Proctor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton Co Mo

17. INFORMANT (ADDRESS) John Sulstrap Racine Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Burkhardt DATE 4-18-32

19. UNDERTAKER (ADDRESS) Herbert and Co Genier Mo

20. FILED 4/18 1932 Chas. E. Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-16-32

22. I HEREBY CERTIFY, That I attended deceased from 4-14-32 to 4-16-32, 1932
 I last saw him alive on 4-16-32, 1932 Death is said to have occurred on the date stated above, at 7:30 P.M.
 The principal cause of death and related causes of importance were as follows:
acute nephritis Date of onset _____
followed 3rd degree Burns
 Other contributory causes of importance:
ried in house burning down - 180 (P) 23

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) A. M. Gregg, M. D.
 (Address) Genier Mo

