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

Do not use this space.

15049

File No.

Registered No. 7

1. PLACE OF DEATH
County Sullivan
2 Township Penn
3 City Green City (No. , St. Ward)

Registration District No. 849
Primary Registration District No. 4513

2. FULL NAME Lenora Waid

(a) Residence, No. 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: F
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 Herschel Waid

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch 5, 1861

7. AGE: Years 71 | Months 1 | Days 10 | If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

FATHER
13. NAME Rudolph Eggman 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland 2 6

MOTHER
15. MAIDEN NAME Angeline Lawhorn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 2

17. INFORMANT (ADDRESS) Roy Hays Green City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green City Cem DATE Apr. 15 1932

19. UNDERTAKER (ADDRESS) Glenn E. Kent Green City Mo

20. FILED April 20 1932 Miss Kate Lane Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1932, to April 15, 1932
I last saw her alive on April 14, 1932. Death is said to have occurred on the date stated above, at 1-a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Valvular Heart Disease	1931
231	
9 2 A	

Other contributory causes of importance: Interstitial nephritis

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 , 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) D. M. Riggins, M. D.
(Address) Green City Mo.

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.

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

wrin