

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.

JUL 27 1934

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

Do not use this space.

21689

31

File No. _____
Registered No. 31 _____
St. _____ Ward _____

1. PLACE OF DEATH

County Stoddard Registration District No. 836
Township _____ Primary Registration District No. 4007
City Bonnie (No. _____)

2. FULL NAME Lera Escue

(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 female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. M. Escue

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 4 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Amuseinfo 55

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X 235

10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonnie Mo

13. NAME Sammuel Whitehead

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

15. MAIDEN NAME Elizabeth Lee

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

17. INFORMANT H. M. Escue

(ADDRESS) Bonnie Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bonnie Mo DATE June 8 1934

19. UNDERTAKER B. M. Hopkins

(ADDRESS) Bonnie Mo

20. FILED July 13 1934 F. Louis Collier
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July June 7 1934

22. I HEREBY CERTIFY That I attended deceased from _____ X _____ X _____, 19 X, to _____ X _____ X _____, 19 X.

I last saw h. X _____ alive on _____ X _____ X _____, 19 _____. 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:

Dr Ryan, attending physician, was taken away before completing certificate and I can't reach him, I was
about the case and death was due to natural causes - abdominal tumor & peritonitis
Date of onset 7

Other contributory causes of importance: _____

Name of operation tumor & peritonitis Date of _____
What test confirmed diagnosis? _____ X _____ Was there an autopsy? _____ X _____

23. If death was due to external causes (violence), fill in also the following:
accident, suicide, or homicide? _____ X _____ Date of injury _____ X _____, 19 _____.
When did injury occur? _____ X _____ X _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
_____ X _____ X _____ X _____

Manner of injury _____ X _____ X _____ X _____

Nature of injury _____ X _____ X _____ X _____

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

(Signed) F. Louis Collier
(Address) Bonnie Mo

