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.

AUG 22 1932

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

Do not use this space.

21916

1. PLACE OF DEATH
County Bates — Registration District No. 56 — File No.
Township Walnut — Primary Registration District No. 4562 — Registered No. 5
City Foster (No. , St. Ward)

7
4
1

2. FULL NAME Mrs Lutetia Ann Orear

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 20 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ ~~(OR) WIFE OF~~ Wife of Elias Orear

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26 1840

7. AGE: YEARS 86 — MONTHS 8 — DAYS 23 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
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) Kentucky 2

FATHER
13. NAME Henry Brannock
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known 31

MOTHER
15. MAIDEN NAME Sarah Hall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Mary Martin Foster Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill Cem DATE July 21 1932

19. UNDERTAKER (ADDRESS) Culvers Butler Mo

20. FILED July 20 1932 H. A. Rhoades Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1927, to July 19, 1932
I last saw her alive on July 18, 1932 Death is said to have occurred on the date stated above, at 8-10 P. m.
The principal cause of death and related causes of importance were as follows:

82C
97 Senile Softening of brain
162

Date of onset: Gradual

Other contributory causes of importance:
Artero Sclerosis (1)

Name of operation — Date of
What test confirmed diagnosis? Clinical 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) H. A. Rhoades, M. D.
(Address) Foster Mo