

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

Do not use this space.

25831

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

1. PLACE OF DEATH
35' County Lambert Registration District No. 283
Township Burgess Primary Registration District No. 5402
City Cadwre (No. _____) St. _____ Ward _____

2. FULL NAME Dollie Needham
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF William Needham

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 12 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
28 5 21

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonville Co Mo, 1

10. NAME OF FATHER Joe Allen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Bonville Co Mo

12. MAIDEN NAME OF MOTHER Cynthia Horner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Bonville Co Mo

14. INFORMANT (Address) Lydia Newton
Revere Mo.

15. FILED 10-4, 1932 Louise Wreden
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 2nd 1932

17. I HEREBY CERTIFY, That I attended deceased from Mar 8th 1932 to Aug 2nd 1932
that I last saw him alive on Aug 2nd 1932, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Tuberculosis of Lungs
and throat

73A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (1) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
0 IF NOT AT PLACE OF DEATH.
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) D. A. Parker, M. D.
, 19 (Address) Cadwell Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Cadwre Cem 8.3 1932

20. UNDERTAKER ADDRESS
Edward Andrew Cadwre

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.

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