

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

Do not use this space.

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26504

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**1. PLACE OF DEATH**

49 County Jasper Registration District No. 4  
 3 Township Lakana Primary Registration District No. 2002  
 5 City Gardner (No. ....) St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 2409 Central 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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. A. Liggett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
56 11 8

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 205

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) Indiana

13. NAME Geo Lamb

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Louise Peters

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peru, Ind

17. INFORMANT (ADDRESS) J. A. Liggett

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE 8-15-32

19. UNDERTAKER (ADDRESS) Sturley & Sons Co

20. FILED 5 1932 W. H. Benson Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-13-32

I HEREBY CERTIFY That I attended deceased from Aug 12 1932 to Aug 12 1932.  
 I last saw her alive on Aug 12, 1932. Death is said to have occurred on the date stated above, at 2409 Central.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Bladder

Other contributory causes of importance: High Blood Pressure

Name of operation 1 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) V. E. Penney, M. D.  
 (Address) St. Louis, Mo.

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.

SEP 23 1932

