

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

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

Do not use this space.

26594

1. PLACE OF DEATH

County Laclede
Township Hooker
City (No.)

Registration District No. 1042
Primary Registration District No. 5614

File No.
Registered No.
St. Ward)

2. FULL NAME

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella Clauder
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 5 1881
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
50 11 24

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. miner
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.
13. NAME Wm. Hanley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.
15. MAIDEN NAME Jennie Lopez
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

17. INFORMANT Fred Morgan (ADDRESS) Lebanon Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Lebanon Mo. DATE 8/30 1932
19. UNDERTAKER Palmer (ADDRESS) Lebanon Mo.
20. FILED 8-30 1932 J. B. Scott Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 29 1932
22. I HEREBY CERTIFY, That I attended deceased from July 30, 1932, to Aug 28, 1932
I last saw him alive on Aug 28, 1932 Death is said to have occurred on the date stated above, at 6:15 Am.
The principal cause of death and related causes of importance were as follows:
Lobar Tuberculosis
Minor
23
Other contributory causes of importance: None

Date of onset

Name of operation Date of
What test confirmed diagnosis? Physical 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? yes
If so, specify Lead poisoning
(Signed) J. B. Scott, M. D.
(Address) Lebanon Mo.

