

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

Do not use this space.

26625

File No. 39

Registered No.

1. PLACE OF DEATH

55 County Lawrence
Township N. Mt. Vernon
City (No.) St. Ward)

Registration District No. 470

Primary Registration District No. 5685

2. FULL NAME

(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. 2 mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|---|
| 3. SEX <u>female</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>L. N. Noel</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-1-88</u> | | |
| 7. AGE | YEARS <u>44</u> | MONTHS <u>3</u> |
| | DAYS <u>22</u> | IF LESS than 1 day, hrs. min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u> | |
| | 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) <u>Carroll Co. Miss. 1</u> | | |
| FATHER | 13. NAME <u>Judley McErmall</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carroll Co. Miss.</u> | |
| MOTHER | 15. MAIDEN NAME <u>Barbara Ann Curtis</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carroll Co. Miss.</u> | |
| 17. INFORMANT (ADDRESS) <u>Sanatorium Records</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Carrollton</u> DATE <u>Aug 23 1932</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Phillip E. Foster Mt. Vernon Mo.</u> | | |
| 20. FILED <u>Sept. 9 1932 W. J. Fulton Registrar.</u> | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/11 1932 to 8/23 1932
I last saw her alive on 8/22 1932. Death is said to have occurred on the date stated above, at 5:00 a.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
235
1931
Other contributory causes of importance:
13

Name of operation none Date of 1
What test confirmed diagnosis?..... 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) J. B. Stokes, M. D.
(Address) Mt. Vernon, Miss.

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 24 1932

MISSOURI STATE BOARD OF HEALTH - BUREAU OF VITAL STATISTICS - RECORD

