

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 26 1932

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

Do not use this space.

27005

1. PLACE OF DEATH

81 County Phelps
2 Township Rolla
4 City Rolla (No.)

Registration District No. 677
Primary Registration District No. 4403

File No. _____
Registered No. 67 (Ward)

2. FULL NAME Lora LEE Freeman

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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 Elizabeth L. Freeman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2, 1869
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
163 10 26

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. Retired farmer
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) Relfe Mo

MOTHER FATHER
13. NAME James M. Freeman

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

15. MAIDEN NAME Martha Coppedge

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Relfe Mo

17. INFORMANT J. M. Freeman (ADDRESS) Rolla, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rolla Mo DATE August 30, 1932

19. UNDERTAKER Null and Licklider (ADDRESS) Rolla, Mo

20. FILED Aug 28, 1932 Jos. F. Byers Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from dead on arrival Aug 28, 1932
I last saw him alive on some months before. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

Possibly heart trouble
Date of onset
Other contributory causes of importance: Asthma
Name of operation none 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) Adolphus McFarland, M. D.
(Address) Rolla Mo.

