

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.

OCT 28 1932

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

Do not use this space.

30095

1. PLACE OF DEATH

County Polk Co.
Township Cullen
City Clinton

Registration District No. 713
Primary Registration District No. 5742

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

2. FULL NAME

(a) Residence, No. _____
(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 OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 6, 1915
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 16 9 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) Aug. 30, 1932 11. Total time (years) spent in this occupation 4 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME Lu Jacoby for h

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

15. MAIDEN NAME Honey S. Gam

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

17. INFORMANT Alfreda Miller
(ADDRESS) Lafayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral Home DATE 9/1/14

19. UNDERTAKER C. L. Vane
(ADDRESS) Blount

20. FILED 9/1/32 1932 C. L. Vane
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 13th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 26th, 1932, to Sept. 13th, 1932

I last saw him alive on Sept. 7th, 1932 Death is said

to have occurred on the date stated above, at 5 A. m.

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

Bunch of pneumonia following Flu. Date of onset _____

11A 107A 66A 11A

Other contributory causes of importance:

Very large gastric (Heart)

8 Name of operation _____ Date of _____

What test confirmed diagnosis? By Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Yes Date of injury _____, 1932

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 _____

(Signed) C. L. Vane, M. D.

(Address) Blount

