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.

NOV 23 1932

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

Do not use this space.

31813

1. PLACE OF DEATH
27 County ~~Howard~~ Cooper Registration District No. 218
2 Township Primary Registration District No. 3015
4 City Boonville Mo (No. Hospital St. Ward)

File No.
Registered No. 103

2. FULL NAME Elsie Barnett Lunneman

(a) Residence, No. St., Ward. Armstrong Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. 10 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Williams Lunneman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 7 - 1912

7. AGE YEARS 19 MONTHS 10 DAYS 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
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 2

FATHER
13. NAME John Barnett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Ollie Curtis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs Ollie Bramble

18. BURIAL, CREMATION, OR REMOVAL
PLACE Armstrong DATE 10-11 1932

19. UNDERTAKER (ADDRESS) Armstrong Mo A H Oldaker

20. FILED Oct 24 1932 G W Russell Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1932, to Oct 9, 1932
I last saw her alive on Oct 9, 1932 Death is said to have occurred on the date stated above, at 10 m.
The principal cause of death and related causes of importance were as follows:

Typhoid fever
1 A
10 B
12 D

Date of onset: Probably in August 1932

Other contributory causes of importance:
Intestinal hemorrhage
Bronchopneumonia

Name of operation None Date of
What test confirmed diagnosis? Widal 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) Alexa Rosenaway M. D.
(Address) Boonville Mo