

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 28 1932

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

Do not use this space.

33119

1. PLACE OF DEATH
 78 County Criscomb Registration District No. 65-3
 Township Concord Primary Registration District No. 5865
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Lethia Euell
 (a) Residence, No. Hyatt St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 111 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Unknown
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Quentin Euell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26, 1886
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 11 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. H.W. 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) Miss (STATE OR COUNTRY) _____
 FATHER
 13. NAME Don't know
 14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____
 MOTHER
 15. MAIDEN NAME Don't know
 16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____
 17. INFORMANT Boris Appleton (ADDRESS) _____
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Wt. Caryal DATE Oct-22, 1932
 19. UNDERTAKER S. Strong (ADDRESS) Northville, Mich
 20. FILED 10/22/1932 J. J. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22, 1932
 22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1932 to _____, 19____
 I last saw him alive on Oct 22, 1932. Death is said to have occurred on the date stated above, at 1:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Acute indigestion Date of onset 10-22
From eating raw peanuts
1180 1180
 Other contributory causes of importance: _____
 Name of operation _____ 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? No.
 If so, specify _____
 (Signed) Walter H. H., M. D.
 (Address) Hyatt

