

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

Do not use this space.

36255

1. PLACE OF DEATH

County Lawrence Registration District No. 470
Township Northway So Primary Registration District No. 4283
City Northway (No. 1) St. _____ Ward _____

2. FULL NAME

Marcell Elizabeth LeBow

(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 70 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Marion Monroe LeBow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9th 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 10 13

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. X

10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

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

13. NAME not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) Mrs W. E. Neckman
Northway Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Northway City Co. DATE Nov 27 1932

19. UNDERTAKER (ADDRESS) Geo B Orr
Northway Mo.

20. FILED 12/9 1932 W J D Tilton
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1920, to Nov 22, 1932
I last saw h. alive on Nov 22, 1932 Death is said

to have occurred on the date stated above, at 9:30 a.m.

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

Lobar Pneumonia Date of onset 3 days

108/108

Other contributory causes of importance: Arteriosclerosis of Heart 1920

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? _____

If so, specify _____

(Signed) W. J. D. Tilton, M. D.

(Address) Northway Mo.

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.

JAN 9 1933

