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

Do not use this space.

39051

File No.
Registered No.

31

1. PLACE OF DEATH
County: Ozarks
Township: Grand River
City: (No. St. Ward)
Registration District No.: 257
Primary Registration District No.: 5350

2. FULL NAME: Lura Ann Troxel

(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.

JAN 23 1933

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.

WRITE PLAINLY, WITH ORDINARY INK—THIS IS A PERMANENT RECORD

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: Tom P. Troxel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 26-1874

7. AGE: Years 58 Months 10 Days 20 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.: Home
10. Date deceased last worked at this occupation (month and year): July 1930
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Livingston Co. Missouri

FATHER
13. NAME: Nelson Erickson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER
15. MAIDEN NAME: Nancy Ellen Buckner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Lawrence Troxel Jamesport Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Scotland Cem. DATE: 12-18 1932

19. UNDERTAKER (ADDRESS): D. Hope Gallatin Mo.

20. FILED Dec. 17, 1932 M. L. L. Henderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1932 to Dec 16, 1932
I last saw her alive on Dec 13, 1932. Death is said to have occurred on the date stated above, at 12:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
23 P	
92.2	
Other contributory causes of importance:	
Valvular Insufficiency	

Name of operation: no Date of
What test confirmed diagnosis? None 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?
If so, specify

(Signed) G. Harris, M. D.
(Address) Jamesport Mo

JAN 03 1977