

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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 23 1933

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

Do not use this space.

39135

1. PLACE OF DEATH
 35 County Franklin Registration District No. 289
 Township Colton Hill Primary Registration District No. 5407
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Mrs. Ruth Eliza Lester
 (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED (Name of Husband or (OR) WIFE OF) J. H. Lester

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 10 0

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.

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) Demarest Co. Mo.

13. NAME Wm. Foster

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

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know 31

17. INFORMANT Albert Lester (ADDRESS) Malden Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Stephens DATE 12-24 1932

19. UNDERTAKER W. L. Craig (ADDRESS) Malden Mo.

20. FILED 12-23 1932 Homer Seal M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-23 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 18th 1932, to Dec 23 1932
 I last saw her alive on Dec 18 1932 Death is said to have occurred on the date stated above, at 2 a.m.
 The principal cause of death and related causes of importance were as follows:
Influenza Date of onset 12-13
Branchio Pneumonia 12-16
93C
11A
107A
 Other contributory causes of importance:
Chronic Myocarditis 1926
Chronic emphysema 1920

Name of operation none Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury ✓ 1932
 Where did injury occur? none
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury none (1)
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify ✓
 (Signed) S. C. Mitchell M. D.
 (Address) Malden Mo.

