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.

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

Do not use this space.

File No. 40896
Registered No. 122

1. PLACE OF DEATH
County Nodaway
Township Polk
City Maryville Mo (No. ..... St. ..... Ward)
Registration District No. 625
Primary Registration District No. 3031

2. FULL NAME Louise B Coler
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leland Coler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26-1905
7. AGE: YEARS 27 MONTHS 9 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Trenton Mo 1

FATHER
13. NAME Roy E. Freeman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Trenton Mo

MOTHER
15. MAIDEN NAME Blanche Murphy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 2

17. INFORMANT (ADDRESS) Roy E. Freeman Trenton RFD #7
18. BURIAL, CREMATION, OR REMOVAL Trenton Mo
PLACE Rural Dale Cemetery DATE 12-26 1932
19. UNDERTAKER (ADDRESS) Campbell Funeral Home Maryville Mo
20. FILED 12-25 1932 Mamie E Cl. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24, 1932
22. I HEREBY CERTIFY, That I attended deceased from Dec-1st, 1932, to Dec-24th, 1932
I last saw her alive on Dec 24, 1932 Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza —	
11A	
11B	

Other contributory causes of importance:
Lung abscess
Massive collapse of lung-left.
Name of operation none Date of .....
What test confirmed diagnosis? X Ray 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) Jack Lowlett, M. D.
(Address) Maryville Mo.