

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

Do not use this space.

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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.

5. PLACE OF DEATH

County Pike
Township Puffer
City Louisiana (No. Pike Co. Hospital)

Registration District No. 689
Primary Registration District No. 2083

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

2. FULL NAME

(a) Residence, No. Atty 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-16-32

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day or _____ min.
<u>5</u>	<u>minutes</u>			<u>5</u>

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. ✓
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) Louisiana Mo

13. NAME Roland Mc Kenzie

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

15. MAIDEN NAME Orna Anna Markham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co. Mo

17. INFORMANT Orna Anna Mc Kenzie
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Louisiana Mo DATE 12/17 32

19. UNDERTAKER None
(ADDRESS) _____

20. FILED 12/16 32 J. O'Keefe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16- 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-16-32, 1932, to 12-16-32, 1932.
I last saw h. m. alive on 12-16-32, 1932. Death is said to have occurred on the date stated above, at 2:40 P.M.

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

Premature delivery Date of onset _____
About 6 1/2 Mo.
Other contributory causes of importance 1/57 ①

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 _____, 1932

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) Charles P. Lewellen, M. D.
(Address) Louisiana, Mo

