

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

Do not use this space.

1. PLACE OF DEATH
 53 County Laclede Registration District No. 449
 Township..... Primary Registration District No. 11267
 2, 6 City Lebanon, Mo. (No.) St. Ward)
 2. FULL NAME Ruth Loren McKenzia
 (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.

2077

File No.
 Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE M 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 17 - 1932
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 18

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-15 1933
 17. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1933 to Jan 14, 1933 that I last saw h. or alive on Jan 11, 1933, and that death occurred, on the date stated above, at 7-30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial pneumonia
107A

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

CONTRIBUTORY (SECONDARY) 107W
 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Lebanon Mo
 (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER Jos McKenzia
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) McDonald Co Mo
 12. MAIDEN NAME OF MOTHER Clorinda Lee
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) McDonald Co Mo

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
 WAS THERE AN AUTOPSY?.....

14. INFORMANT Willie Hodges
 (Address) Lebanon Mo

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) J. L. Bracy, M. D.
 , 19 (Address) Lebanon Mo

15. FILED Jan 17 1933 J. M. Sullivan REGISTRAR

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lebanon Cemetery DATE OF BURIAL 1-16 1933

20. UNDERTAKER Holman & Stewart ADDRESS Lebanon 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.

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