

840

MAR 6 1933

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

Do not use this space.

1. PLACE OF DEATH

County Franklin
Township Washington
City Yards (No.)

Registration District No. 875
Primary Registration District No. 6162

File No. 4495
Registered No. 15 St. Ward)

2. FULL NAME Luella Fresh

(a) Residence, No. 844-43 St. Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 21 yrs. 11 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. C. Fresh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) D.R. 1884

7. AGE YEARS 48 MONTHS DAYS IF LESS than 1 day, hrs. or min.

OCCUPATION 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) Mo

MOTHER 13. NAME Uckhauer

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

15. MAIDEN NAME Uckhauer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Haywood Nevada mo. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Deepwood C. DATE 1-3 1932

19. UNDERTAKER Ferret Funeral Home Nevada mo (ADDRESS)

20. FILED 2-1- 1933 E. R. King Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1932 to Jan 2 1933
I last saw h. ca alive on Jan 2 1933. Death is said to have occurred on the date stated above, at 2:15 P.m.
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia
11/17
10/8
11/10
Other contributory causes of importance: Influenza
Date of onset Dec 25 '32
Date Dec 26 '32

Name of operation Date of
What test confirmed diagnosis? Cultural 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) Fred Martin M: D.
(Address) Nevada Mo

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.

