

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

Do not use this space.

1. PLACE OF DEATH

County Henry
Township Leesville
City (No.)

Registration District No. 347
Primary Registration District No. S-S-O-1A

File No. 5497
Registered No. 149
St. Ward)

2. FULL NAME

Edith Mae De Lozier
(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 19 yrs. 7 mos. 27 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) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1913-7-2

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>19</u>	<u>7</u>	<u>25</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) Oct. 1932 11. Total time (years) spent in this occupation. 7 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co. Country (Mo.)

13. NAME George De Lozier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co. Country (Mo.)

15. MAIDEN NAME Nettie Penny

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

17. INFORMANT (ADDRESS) Mr. DeLozier Coal, Mo. R.R.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lebo DATE Mar. 1, 1933

19. UNDERTAKER (ADDRESS) Jack Colbert Lincoln, Mo.

20. FILED 3/10 1933 Ed C. Peelor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1933, to Feb. 24, 1933.
I last saw h. en. alive on Feb. 24, 1933. Death is said to have occurred on the date stated above, at P.m.
The principal cause of death and related causes of importance were as follows:

184 Pneumonia
189A 184
Other contributory causes of importance:
Gun shot wound of Friday
car. acc. accidental 1917

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 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) E. C. Peelor, M. D.
(Address) Coal, 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.

APR 27 1933

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