

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

Do not use this space.

8716

1. PLACE OF DEATH  
 77 County Ozark Registration District No. 920  
 Township Gasper Primary Registration District No. 5-859  
 City (No. St. Ward)

2. FULL NAME Lora Honeycutt  
 (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 8 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 Willis Honeycutt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
41 0 6

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Common Housewife  
 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) Lutie Ozark Co. Mo.

FATHER  
 13. NAME Samuel Pefham  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lutie Ozark Co. Mo.

MOTHER  
 15. MAIDEN NAME Sarah Ann Duggins  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dugginsville Ozark Co. Mo.

17. INFORMANT (ADDRESS) Gladys Honeycutt Theodosia Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Friends cemetery DATE Feb 13 1933

19. UNDERTAKER (ADDRESS) Austin Werd Theodosia Mo.

20. FILED Feb 13 1933 Mary T. Johnson Registrar.

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12 1933

22. I HEREBY CERTIFY, That I attended deceased from no medical aid, to no medical aid, 1933  
 I last saw h. alive on, 1933 Death is said to have occurred on the date stated above, at 2 P m.  
 The principal cause of death and related causes of importance were as follows:  
the D  
45  
52  
11  
10  
 Date of onset 3 weeks

Other contributory causes of importance:  
Cancer on jaw and head 23 months

Name of operation Date of  
 What test confirmed diagnosis? Was there an autopsy?

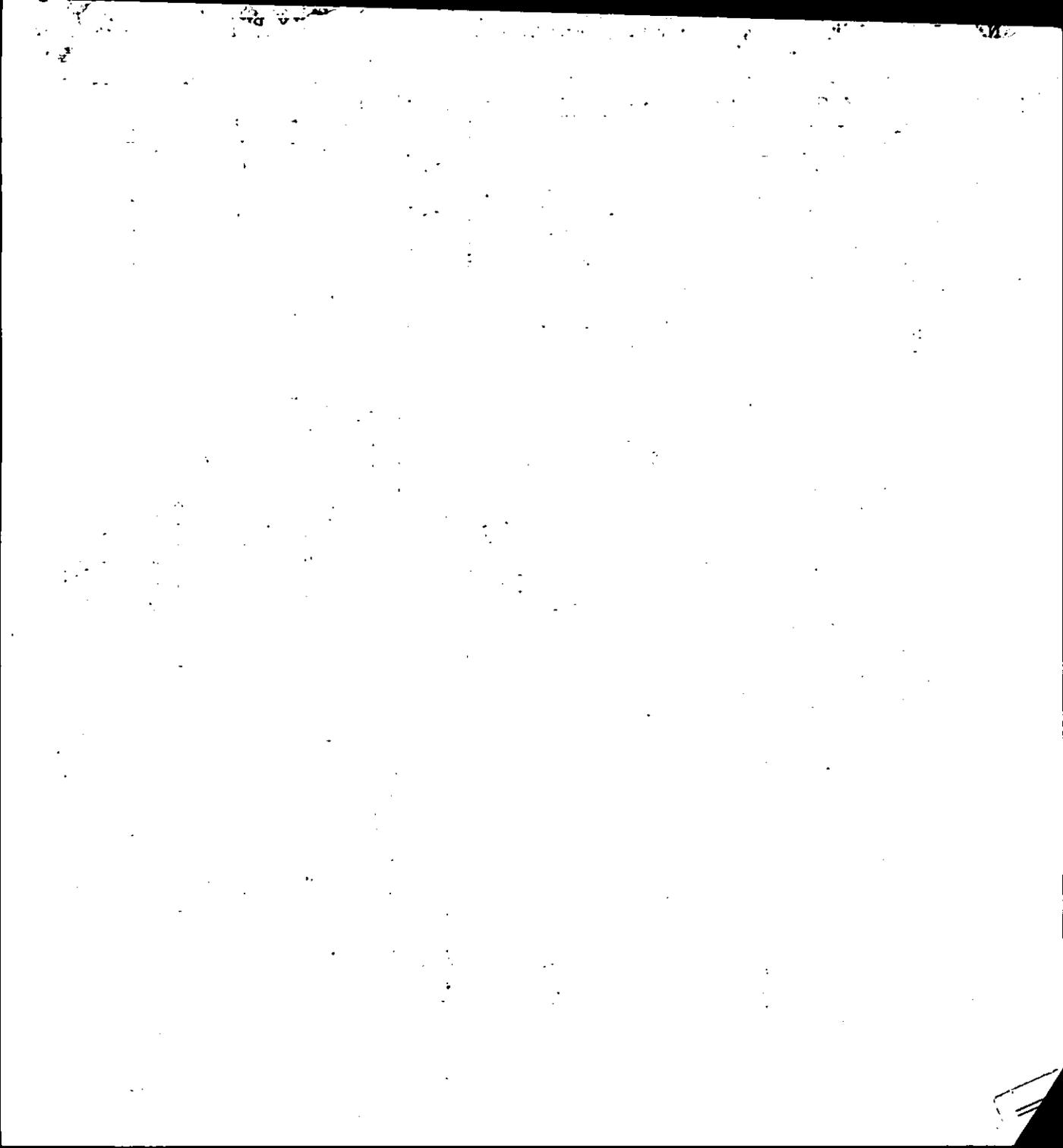
23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury, 1933  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no medical aid  
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify no medical aid  
 (Signed) Gladys Honeycutt, M. D.  
 (Address) Theodosia Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. 933

47-25



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Frank  
Township Jefferson  
City Jefferson (No. \_\_\_\_\_)

Registration District No. 922  
Primary Registration District No. 5859

File No. \_\_\_\_\_  
Registered No. 1  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mrs. Harriet

(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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Willis Harriet</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 6-1894</u>		
7. AGE YEARS <u>41</u>	MONTHS <u>0</u>	DAYS <u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
13. NAME		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
15. MAIDEN NAME		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19__		
19. UNDERTAKER (ADDRESS)		
20. FILE <u>Feb 13</u> 19__ <u>Mary E Johnson</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12 1933

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, to \_\_\_\_\_, 19\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_ Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:  
Salivator taken  
first on jaw extensive swelling and on ear

Other contributory causes of importance:  
Causes were found & head

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) \_\_\_\_\_, M. D.  
(Address) \_\_\_\_\_

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

5-6716