

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.

JUN 22 1933

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

Do not use this space.

1. PLACE OF DEATH

County Houell - Resident of Douglas Co 957
Township Richland Primary Registration District No. 5396
City _____ (No. _____ St. _____ Ward _____)

File No. 16154

Registered No. _____

2. FULL NAME

(a) Residence, No. Lucielle Clinton Roosevelt Mo 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20 - 32
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 14

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) Roosevelt Mo

13. NAME Richard H. Clinton

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

15. MAIDEN NAME Flora Johnson

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

17. INFORMANT Richard H. Clinton
(ADDRESS) Roosevelt, Mo.

18. BURIAL, CREMATION, OR REMOVAL Inman Cem -
PLACE Richland DATE May 5 1933

19. UNDERTAKER E. L. Loran
(ADDRESS) Hebron Missouri

20. FILED May 9 1933 Earnest Collins
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 1933

22. I HEREBY CERTIFY, That I attended deceased from May 3 1933, to May 4 1933

I last saw him alive on May 4 1933 Death is said

to have occurred on the date stated above, at 5:40 A.M.

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

Intestinal obstruction Date of onset 5-2-1933

1216
1220 121

Other contributory causes of importance:
Baggable acute appendicitis from the history

Name of operation None Date of _____

What test confirmed diagnosis? Autopsy 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) D. W. Cox M. D.

(Address) Ponoma Mo.

