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.

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

Do not use this space.

20538

1. PLACE OF DEATH

73 County Newton — Registration District No. 609 — File No. 46

Township Neosho — Primary Registration District No. 5808 — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Lucie Dhalluin

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Achille Dhalluin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mch 6 1858

7. AGE: YEARS 75 — MONTHS 3 — DAYS 15 — 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. Housewife
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): East St Louis Illinois

FATHER

13. NAME: Antwain Berthoux
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Paris France

MOTHER

15. MAIDEN NAME: Frances Morrell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

17. INFORMANT (ADDRESS): Mrs Tom Plaster Neosho Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Joplin, Mo DATE June 24 1933

19. UNDERTAKER (ADDRESS): Bigham's Neosho Missouri

20. FILED 6/22 1933 C. E. Maness Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 21st 33, 19

22. I HEREBY CERTIFY, That I attended deceased from April 6 33, 19..., to June 21st, 19...

I last saw her alive on June 21st, 1933. Death is said to have occurred on the date stated above, at 7:25 a.m.

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

Acute Nephritis and Uremia

130

130

Date of onset

Other contributory causes of importance:

not known

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) [signature], M. D.

(Address) Neosho Missouri