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.

AUG 26 1933

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

Do not use this space.

23835

File No. .....

Registered No. 8

1. PLACE OF DEATH

County Moniteau

Township Harrison

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

Registration District No. 5[redacted]

Primary Registration District No. [redacted]

2. FULL NAME Lydie Procter

(a) Residence, No. Olean, 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*): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug/ 17th, 1853

7. AGE: Years 79 | Months 11 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

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) Olean Missouri.

FATHER

13. NAME John Etter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER

15. MAIDEN NAME Nancy Walker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Will ~~XXXX~~ Procter (ADDRESS) Olean, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Olean Cemetary DATE July 30th, 1933

19. UNDERTAKER G.N.Steffens (ADDRESS) Russellville, Mo.

20. FILED 8-10 1933 H. H. Fenke Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29th, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 28th, 1933 to July 29th, 1933

I last saw her alive on July 28th, 1933 Death is said to have occurred on the date stated above, at 6 45 A.M.

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

	Date of onset
Apoplexy,	7-28-33
Other contributory causes of importance:	Don't Know
Arterio Sclerosis,	

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) G. D. Walker, M. D.

(Address) Eldon Mo.