

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.

SEP 26 1933

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

27000

## 1. PLACE OF DEATH

County Marion  
 Township Mason  
 City Hannibal (No. 903, Hermant)

Registration District No. 547  
 Primary Registration District No. 3019

File No. \_\_\_\_\_  
 Registered No. 243  
 St. 5 Ward)

## 2. FULL NAME

(a) Residence, No. 903 Hermant St. 5 Ward. (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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 5, 1933</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
		<u>2</u>	<u>13</u>	
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.			
	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) <u>Hannibal Mo.</u>				
FATHER	13. NAME <u>Leon S. Wroughton</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>			
MOTHER	15. MAIDEN NAME <u>Elvis James</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rockfield Ill.</u>			
17. INFORMANT <u>Mr. Leon S. Wroughton</u> (ADDRESS) <u>Hannibal Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Methodist Cemetery</u> <u>8-20</u> , 19 <u>33</u>				
19. UNDERTAKER <u>James D. Daniel</u> (ADDRESS) <u>Hannibal Mo.</u>				
20. FILED <u>Aug 18</u> , 19 <u>33</u> <u>R. H. Webster</u> Registrar				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1933, to Aug 18, 1933.  
 I last saw her alive on Aug 18, 1933. Death is said to have occurred on the date stated above, at 5:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Branchio Pneumonia Date of onset \_\_\_\_\_  
Stomach Cold

Other contributory causes of importance \_\_\_\_\_

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) J. P. Currier, M. D.  
 (Address) Hannibal Mo.

