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.

File No. 28515

Registered No.

1. PLACE OF DEATH
County Scott, Registration District No. 820
Township Sylvania, Primary Registration District No. 4496
City Oran (No. ..... St. ..... Ward)

2. FULL NAME Mrs Lenora Points

(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: Fem
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: Part Points

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 5/2/59

7. AGE: YEARS 74, MONTHS 3, DAYS 16. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Jno Roberts
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: — Warner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): ?

14. INFORMANT: S P Points
(Address) Oran Mo

15. FILED 9/9, 1933 J Slichman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 8/19 1933

17. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1933, to 8/18, 1933 that I last saw her alive on 8/18, 1933, and that death occurred, on the date stated above, at 5 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hepatitis
125 13
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): 9
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) J A Cline, M. D.
, 19 (Address) Oran Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Jackson Mo
DATE OF BURIAL: 8/19 1933

20. UNDERTAKER: T S Heisserer & Co
ADDRESS: Oran