

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

Do not use this space.

28609

**1. PLACE OF DEATH**

County Vernon

Registration District No. 45

Township Neveda

Primary Registration District No. 3239

City Neveda (No. 1)

File No. \_\_\_\_\_

Registered No. 188

**2. FULL NAME**

Lyla Margaret Place

(a) Residence, No. 1121 N. 1st St. Ward. 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 1/2 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Married</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 19 1856</u>		
7. AGE YEARS <u>16</u>	MONTHS <u>10</u>	DAYS <u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeper</u>		11. Total time (years) spent in this occupation <u>30</u>
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) <u>Jan 1, 1933</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know Illinois, Franklin</u>		
13. NAME <u>Don't know</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>D.K. Illinois</u>		
15. MAIDEN NAME <u>Eliza Lance</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>D.K. Illinois</u>		
17. INFORMANT (ADDRESS) <u>Pete Place Neveda mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Hall, Carnet DATE Aug-30-1933</u>		
19. UNDERTAKER (ADDRESS) <u>Richard Ferry Funeral Home Neveda mo</u>		
20. FILED <u>9-4-</u> 19 <u>33</u> <u>E. P. King</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, that I attended deceased from July 22, 1933, to Aug 29, 1933  
 Last saw him alive on Aug 28, 1933. Death is said to have occurred on the date stated above, 12:30 m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of stomach Date of onset ?  
46B  
46  
 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) CR King, M. D.  
 (Address) Neveda, Mo

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

