

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

Do not use this space.

30710

1. PLACE OF DEATH

94 County St. Francois
Township St. Francois
Near City Farmington, Mo.

Registration District No. 773
Primary Registration District No. 6018A

File No. _____
Registered No. 101
St. _____ Ward _____

2. FULL NAME Maud Lollar

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Edgar Lollar

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24, 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 6 12

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

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) Pilot Knob
(STATE OR COUNTRY) Mo.

13. NAME Fred mayes

14. BIRTHPLACE (CITY OR TOWN) Pilot Knob
(STATE OR COUNTRY) Mo.

15. MAIDEN NAME Pryor

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT Hospital Records
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pilot Knob Mo. DATE July 7, 1933

19. UNDERTAKER W. M. White & Co.
(ADDRESS) W. M. White & Co.

20. FILED Sept 6, 1933 W. S. Robinson
Registrar.

7. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-6-33

22. I HEREBY CERTIFY, That I attended deceased from 9-2-33, 19____, to 9-6-33, 19____.

I last saw her alive on 9-6-33, 19____. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Epilepsy (with deterioration) Date of onset 18 yrs. ago

107 a
Branch pneumonia 2 da

Other contributory causes of importance:

Name of operation none Date of none
What test confirmed diagnosis blood Was there an autopsy none

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) W. S. Robinson, M. D.

(Address) St. Francois Mo.
Farmington Mo.

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.

OCCUPATION

FATHER MOTHER

RECORD

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