

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

Do not use this space.

35850

**1. PLACE OF DEATH**

14 County Callaway Registration District No. 104  
Township \_\_\_\_\_ Primary Registration District No. 3008  
2 City Fulton (No. State High 301)

File No. \_\_\_\_\_  
Registered No. 214 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Loucetta Ann Whitworth

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Roach No  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. M. Whitworth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 24, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
43 7 21

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) (STATE OR COUNTRY) Candor Co. Mo.

13. NAME J. F. Cyrus

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Candor Co. Mo.

15. MAIDEN NAME Belle Moulder

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Candor Co. Mo.

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Parrish's DATE Nov 15, 1933

19. UNDERTAKER (ADDRESS) W. B. V. Cyrus  
Merick Creche Candor Co. Mo.

20. FILED Nov 14, 1933 ONE Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1933, to Nov. 14, 1933  
I last saw her alive on Nov. 14, 1933 Death is said to have occurred on the date stated above, at 2:40 P. m.  
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia Date of onset \_\_\_\_\_  
118  
84  
Other contributory causes of importance: Maniacal Disturbances

8 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) Paul Mankie, M. D.  
(Address) Fulton Mo

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 very important.

21  
OCCUPATION

1933

8

