

MAY 25 1934

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

Do not use this space.

9266-13

1. PLACE OF DEATH

County Jackson Registration District No. 300
 Township Lea Primary Registration District No. 3000
 City Paris (No. 3220) 610th St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME Lura Helen Pence

(a) Residence, No. 3220 E. 10 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 Fe 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John. E. Pence.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) mar. 26 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 0 5

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Home

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) Paris Texas13. NAME James Strother14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Texas15. MAIDEN NAME Mattie Cunningham16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas17. INFORMANT John. E. Pence (ADDRESS) 3220 E. 10.18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 4-2 193419. UNDERTAKER By law Funeral Home (ADDRESS) 25 E. 10.20. FILED Apr. 1st 1934 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31 1934

I HEREBY CERTIFY, That I attended deceased from March 22, 1934, to March 31, 1934.

I last saw her alive on March 31, 1934. Death is saidto have occurred on the date stated above, at 9:30 m.

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

Lobar pneumonia Date of onset 3/21/34100105105Other contributory causes of importance: Heart failure 3/29/34Name of operation None Date of _____What test confirmed diagnosis? None 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? No

If so, specify _____

(Signed) J. F. Swanson, M. D.(Address) 2216 East 15th

_____ Registrar.

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.

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