

MAY 25 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

13585

1. PLACE OF DEATH

County MerionRegistration District No. 556Township MorganPrimary Registration District No. 5750City (No.)File No. Registered No. St. Ward

2. FULL NAME

Lorraine Estelle Black(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

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

Allen Black

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

May 5, 1915

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

181121

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)

Princeton Mo

13. NAME

J. E. Harvey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo

15. MAIDEN NAME

Edith Miksell

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

Mo

17. INFORMANT (ADDRESS)

J. E. Harvey

18. BURIAL, CREMATION, OR REMOVAL

Princeton Mo

PLACE

Maple GroveDATE Apr 28, 1934

19. UNDERTAKER (ADDRESS)

Fred Mass

20. FILED

4/261934Princeton Mo

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Apr 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Apr 24, 1934 to Apr 26, 1934I last saw her alive on Apr 26, 1934 Death is saidto have occurred on the date stated above, at 8:30 p.m.

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

Placental poisoning2 (Placenta previa)Hemorrhage

Other contributory causes of importance:

177 144 144Name of operation none Date of What test confirmed diagnosis? Thymic 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? noIf so, specify (Signed) J. E. Harvey, M. D.(Address) Princeton Mo

