

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

Do not use this space.

16493

1. PLACE OF DEATH

County Hunny
Township Beaumont
City Monticello (No. 11208)

Registration District No. 352
Primary Registration District No. 5494

File No. 7
Registered No. 7
St. 11208 Ward

2. FULL NAME

(a) Residence, No. Lucy Ann Lash St. 35 Ward.

(Usual place of abode) 35 (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 <u>Female</u>	4. COLOR OR RACE <u>white</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>Chas. A. Lash</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 18, 1866</u>		
7. AGE	YEARS <u>1866</u>	MONTHS <u>Sept</u>
		DAYS <u>16</u>
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>
	10. Date deceased last worked at this occupation (month and year) <u>April 15, 1924</u>
	11. Total time (years) spent in this occupation <u>all life</u>

12. BIRTHPLACE (CITY OR TOWN) Champaign
(STATE OR COUNTRY) Ill

13. NAME Mary Alexander Campbell 8

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

15. MAIDEN NAME Elyn Jane Phelps

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

17. INFORMANT Dr. R. Lash
(ADDRESS) Council Bluffs, Ia

18. BURIAL, CREMATION, OR REMOVAL PLACE Westfield DATE 5-14 1924

19. UNDERTAKER Thurman
(ADDRESS)

20. FILED May 13, 1924 J. M. Miller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-12, 1924

22. I HEREBY CERTIFY, That I attended deceased from 4-28, 1924, to 5-12, 1924

I last saw him alive on 5-10, 1924. Death is said

to have occurred on the date stated above, at 5-6 a.m.

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

Myocarditis
950 61301
Other contributory causes of importance:

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? No

If so, specify.....

(Signed) Chas. Walker, M. D.

(Address) Clinton 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 is very important.

JUN 21 1924

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