

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

Do not use this space.

OCT 9 1934

1. PLACE OF DEATH

County Home
Township Home
City (No. _____) _____

Registration District No. 384
Primary Registration District No. 5535

File No. 16535-a
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. County Home St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 75
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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1934
22. I HEREBY CERTIFY, That I attended deceased from April 20 1934 to May 11 1934
I last saw him alive on May 11 1934 Death is said to have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance were as follows:
Broken hip
Date of onset _____
Other contributory causes of importance: None

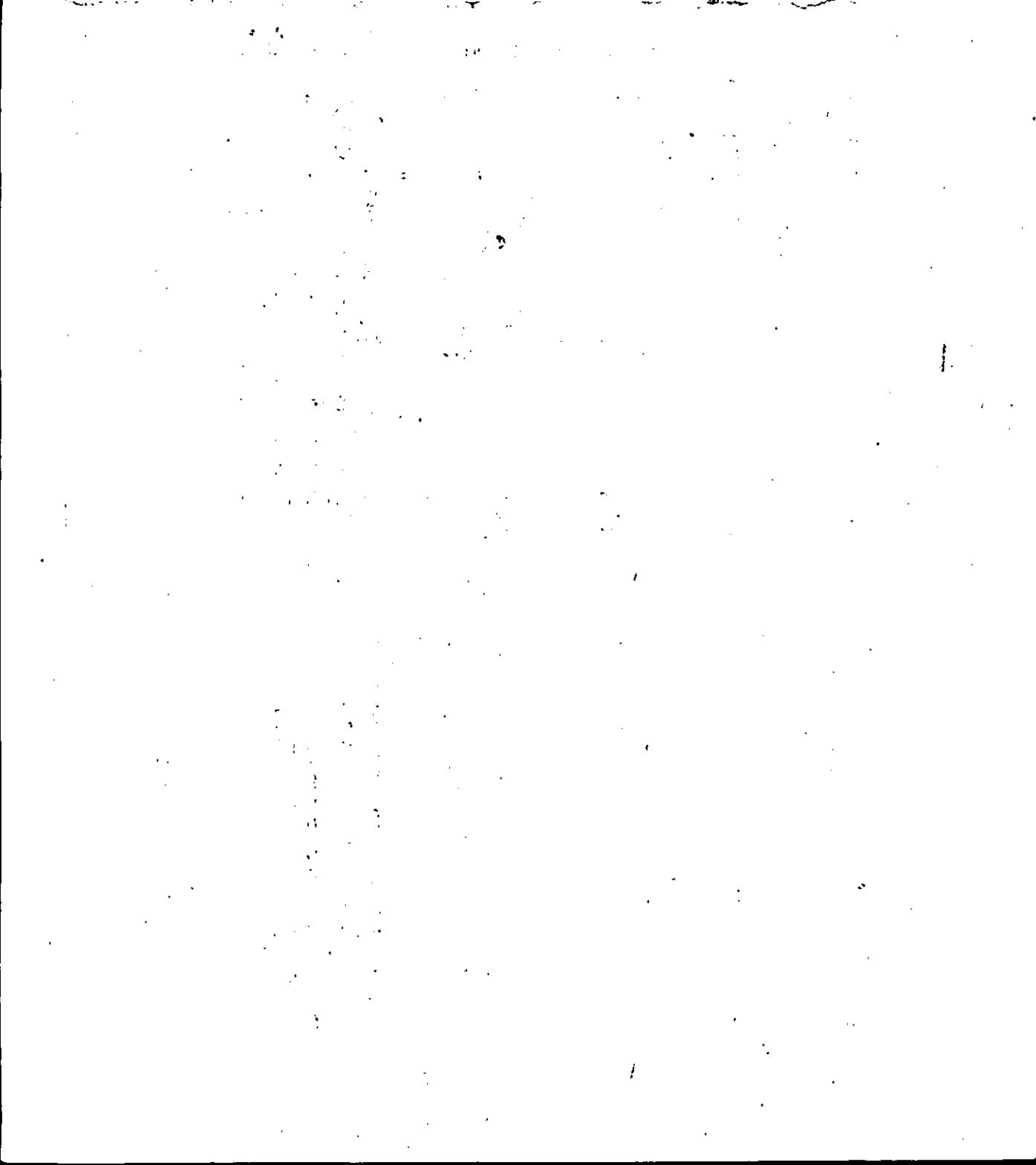
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
13. NAME _____
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
15. MAIDEN NAME Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
17. INFORMANT (ADDRESS) Mrs. A. L. ...
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE County Cemetery May 13 1934
19. UNDERTAKER (ADDRESS) Andy Morris Corns Home
20. FILED 9-30 1934 V. D. W. SIMONS Registrar.

Acute Nephritis
Name of operation None Date of _____
What test confirmed diagnosis? Clinical 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 _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. County Home
Manner of injury Fell on floor
Nature of injury Broken hip
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) J. N. Bingham M. D.
(Address) West Plains Mo.

Not able to get history as she was in home when I died

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.

WHILE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD



Hauell

WASHINGTON

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Helen Lavery (?) Lowery
Who died at _____ on May 11 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years abt 75 Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Broken Hip, acute nephritis Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Acute nephritis, cause unknown

Other contributory causes of importance Incone

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar Vida W. Simons Date filed 1934

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. N. 304
Primary Reg. Dist. N. 5535

E. T. McLaugh
Special Agent. State Registrar

S-16535-a