

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

Do not use this space.

35869

DEC 28 1934

1. PLACE OF DEATH

County Howard
Township Bonne Femme
City..... (No....., Ward.....)

Registration District No. 750 378
Primary Registration District No. 44275527

File No. 34
Registered No. 89
St. Ward.....

2. FULL NAME Delphia Louwell

(a) Residence, No. 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) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1934, to Oct 27, 1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29, 1895

I last saw her alive on Oct 27, 1934. Death is said to have occurred on the date stated above, at 4:10 P. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 2 28

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

Lobar Pneumonia

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co

13. NAME Abraham Louwell

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

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

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)

15. MAIDEN NAME Lillian Hudson

Specify whether injury occurred in industry, in home, or in public place.

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

17. INFORMANT Lillian Louwell (ADDRESS)

Manner of injury
Nature of injury

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wynns Chapel DATE Oct 29, 1934

19. UNDERTAKER P. L. Island (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

20. FILED Oct 31, 1934 Registrar.

(Signed) W. B. Durdan, D.O. M.D.

(Address) Highway, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5234

Nov. 16, 1934

