NOV 15 1934

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

Do not use this space.

38338

1. PLACE OF DEATH
County Washington
Township Richwoods
City ..... (No. ..... St. ..... Ward)

Registration District No. 889
Primary Registration District No. 6185

File No. .....
Registered No. .....

2. FULL NAME Irene Catherine Decker

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12 - 1934

7. AGE YEARS MONTHS 8 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At 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) Washington Co Mo

FATHER
13. NAME Joe H Decker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richwoods Mo

MOTHER
15. MAIDEN NAME Lizzie Beth A Cotoway
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richwoods Mo

17. INFORMANT (ADDRESS) Joe H Decker Richwoods Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cozybranch B.G. DATE Oct 10, 1934

19. UNDERTAKER (ADDRESS) Doyen Bro

20. FILED Oct 9, 1934 O W Parker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1934 to 4 Oct 9, 1934
I last saw her alive on Sep 1, 1934. Death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

Pneumonia Lobar & Influenza

Date of onset

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? .....
If so, specify .....
(Signed) O W Parker, M. D.
(Address) Richwoods Mo

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.