

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

Do not use this space.

DEC 27 1934

40136

1. PLACE OF DEATH

County New Madrid Registration District No. 55
Township Anderson Primary Registration District No. 6262
City Boonville (No. _____) St. _____ Ward _____

File No. _____
Registered No. 1068

2. FULL NAME

(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

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 Lusley Patterson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7 - 1904

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,	hrs.	min.
<u>30</u>		<u>7</u>	<u>21</u>			

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

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) Old -

13. NAME Nelson Howard

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

15. MAIDEN NAME Muriel Black

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

17. INFORMANT (ADDRESS) Fred Black

18. BURIAL, CREMATION, OR REMOVAL PLACE Michael DATE Nov. 24, 1934

19. UNDERTAKER (ADDRESS) _____

20. FILED Dec 10 1934 M. V. Musumma Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1934 to Nov 23, 1934

That she was alive on Nov 23, 1934 Death is said to have occurred on the date stated above, at _____ m.

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

Influenza Date of onset _____

Other contributory causes of importance: 11B

Name of operation None Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) W. B. Ober, M. D.

(Address) Boonville 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.

WHITE LABEL, WITH CHANGING INSTRUCTIONS IS A PERMANENT RECORD

