

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

Do not use this space.

8378

APR 15 1935

File No. _____
 Registered No. 4 St. _____ Ward _____

1. PLACE OF DEATH

County Cass Registration District No. 147
 Township Archie Primary Registration District No. 4081
 City Archie (No. _____ St. _____ Ward _____)

2. FULL NAME

Lancey E. Waters
 (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) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Lyman Waters
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17, 1848
 7. AGE YEARS MONTHS DYS If LESS than 1 day, hrs. or min.
86 8 1
 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

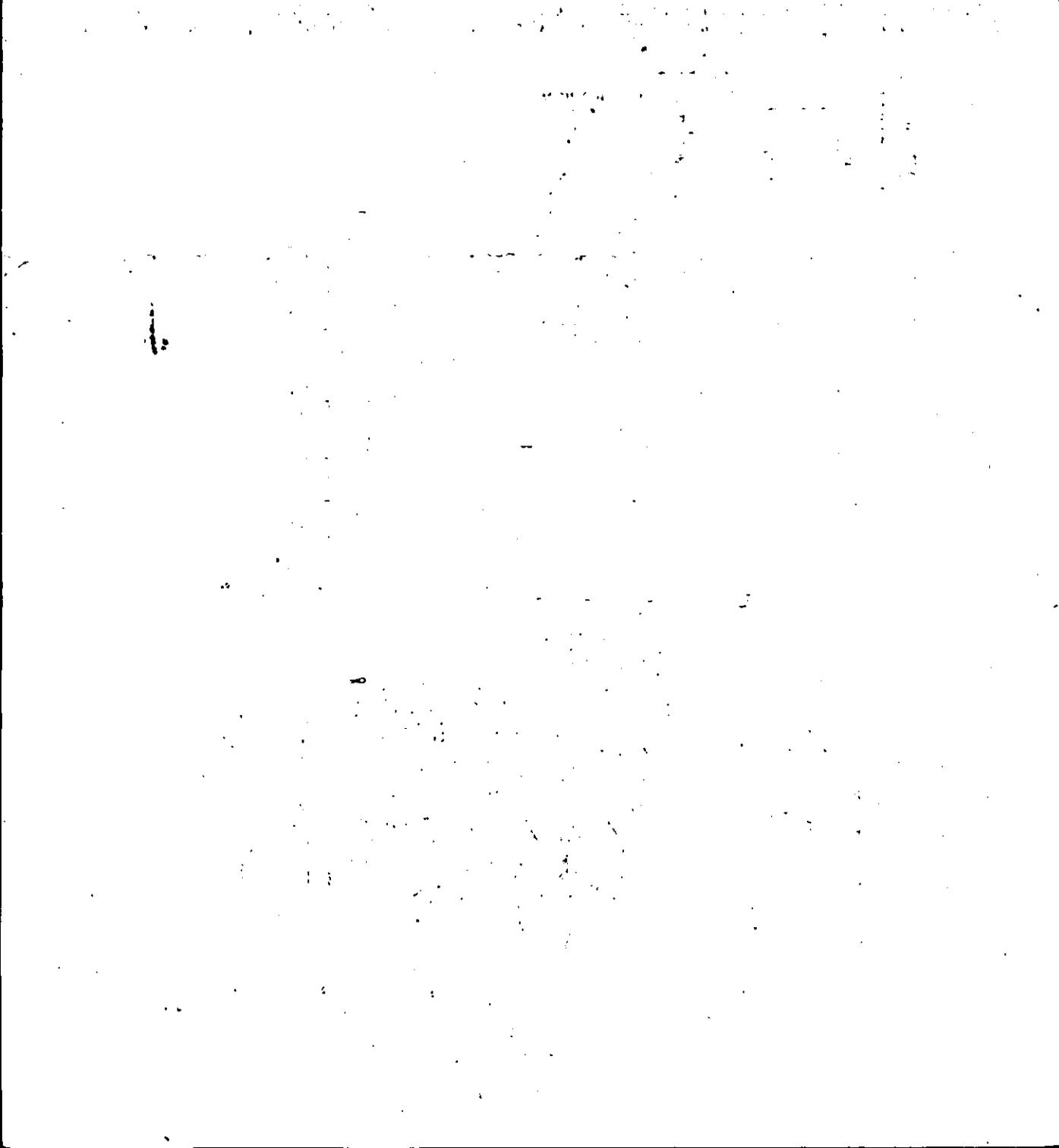
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler, Penn.
 13. NAME Chas. Coulter
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.
 15. MAIDEN NAME Lucretia Lord
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York
 17. INFORMANT (ADDRESS) Mrs. Chas. Garland
Archie, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Crescent Hill DATE Mar. 20, 1935
 19. UNDERTAKER (ADDRESS) Atkinson & Eastela
Archie, Mo.
 20. FILED Mar 20, 1935 D. B. Bout Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____, 19____
 22. I HEREBY CERTIFY, That I attended deceased from Mar 13, 1935, to Mar 18, 1935
 I last saw her alive on Mar 18, 1935. 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:
Crippling Paralysis
 Other contributory causes of importance:
Stroke
 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) D. B. Bout, M. D.
 (Address) Archie, 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.

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JUN 3 1935

MAY 28 1935

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1. PLACE OF DEATH

County Pass
Township.....
City..... (No.....)

Registration District No. 147
Primary Registration District No. 4081

File No.....
Registered No. 4
St..... Ward.....

2. FULL NAME

Laurey E Waters

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8 1935

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

22. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....

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

I last saw him..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

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

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.
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

Keeping Paralysis
Started as a Bulbar type.
Two days later took on a hemiplegia form. To day, later a double hemiplegia

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

Other contributory causes of importance:
Cause: Supposed to be a hemorrhage at the base of the brain.

13. NAME

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

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

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Manner of injury.....
Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE..... 19.....

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

20. FILED May 26, 1935 B. B. Font

(Signed)....., M. D.

(Address).....

Registrar.

MAY 6 1935

MAY 31 1935

5-8378