

JUN 2 1 1935

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

Do not use this space.

15993

1. PLACE OF DEATH

County Laclede Registration District No. 238
Township Lackwood Primary Registration District No. 1145
City Rockwood (No.) St. Ward)

File No.
Registered No.

2. FULL NAME

(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 J. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30 - 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 1 9

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) none
11. Total time (years) spent in this occupation

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

13. NAME Samuel Gray

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

15. MAIDEN NAME Jessie Scott

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

17. INFORMANT Ray Caldwell (ADDRESS) Lackwood Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lackwood DATE May 11 1935

19. UNDERTAKER Ray Caldwell (ADDRESS) Lackwood Mo

20. FILED 5-13 1935 J. C. Wren Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 1935

22. I HEREBY CERTIFY, That I attended deceased from May 5 1935 to May 9 1935

I last saw her alive on May 9 1935 Death is said to have occurred on the date stated above, at 9:00 P. m.

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

Broncho Pneumonia
Pulmonary Edema
Shock
(Traumatic)

Date of onset
5/5/35
5/9/35
5/4/35

Other contributory causes of importance:
Fracture of Left Femur
Chronic nephritis
Arterio Sclerosis

5/4/35
unknown
unknown

Name of operation none Date of no
What test confirmed diagnosis? Was there an autopsy? no

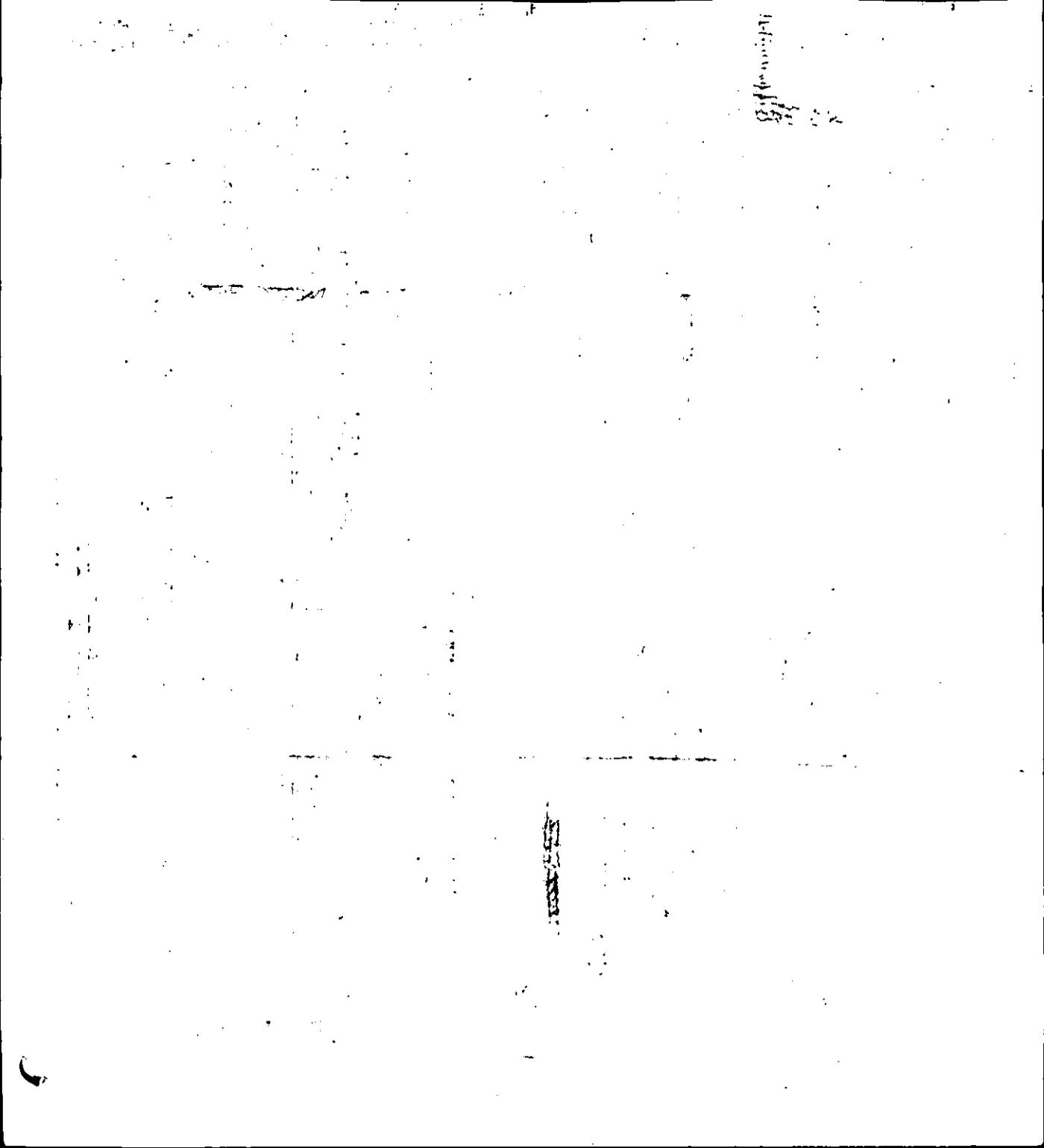
23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19.....

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 no
(Signed) Paul C. Prinston DO
(Address) Lackwood 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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1. PLACE OF DEATH

County Dade
Township Lockwood
City Lockwood (No. _____)

Registration District No. 238
Primary Registration District No. 4145

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

2. FULL NAME

Mary Ellen Ford

(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 F 4. COLOR OR RACE Gr 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

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

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

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

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. UNDERTAKER (ADDRESS)

20. FILED 5-13 1935 J. A. Wren Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 1935

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

I first saw him alive on _____, 19__ 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:

Bronchitis Pneumonia etc (Date of onset _____)

Other contributory causes of importance:

Fracture left femur

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 Accident (Date of injury May 4, 1935)

Where did injury occur? at her home (Specify city or town, county, and State)

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

Manner of injury Fall on floor of

Nature of injury her home

24. Was disease or injury in any way related to occupation of deceased? X

If so, specify _____

(Signed) Paul E. Puckerton M.D.

(Address) Lockwood 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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William

Commission of the States

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