

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

Do not use this space.

29813

1. PLACE OF DEATH

County Jackson Registration District No. 404
 Township Washington Primary Registration District No. 5558
 City H. C. Wren (No. 8601, Euclid St. _____ Ward) _____

2. FULL NAME

Lucie Louise Daniel

(a) Residence, No. 8601 Euclid 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 Fe 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-8-1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
56 11 18

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) W. Belleville
Illinois

13. NAME No Record, George

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

15. MAIDEN NAME Margaret Sindell

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

17. INFORMANT Mr. Wm. H. Daniel
 (ADDRESS) 8601 Euclid

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Zion DATE 9-30-1935

19. UNDERTAKER (ADDRESS) Mrs. C. E. Foster
418 Broadway, Bk. Mo.

20. FILED 9-30-35 19 1935 Paul B. Hanson
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-28 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 25 1935, to 9-27 1935

I last saw her alive on 9-26 1935. Death is said

to have occurred on the date stated above, at 1:30 p.m.

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

Atherosclerosis
Renal Hemorrhage
 Date of onset 8/25/35

Other contributory causes of importance:
Cerebral Hypertension

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

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? No
 If so, specify _____

(Signed) Paul B. Hanson, M. D.
 (Address) 807 N. Pines

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.

NOV 25 1935

75th & woodland

MAR 24 1942