

FEB 20 1936

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

Do not use this space.

174

## 1. PLACE OF DEATH

County DeaneRegistration District No. 73Township ColumbiaPrimary Registration District No. 3006City Columbia(No. Boone County Hospital)

File No. \_\_\_\_\_

Registered No. 11

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. Boone P. Hospital St. Ward. Centralia, Mo.  
(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 Male 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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20th 19117. AGE YEARS 24 MONTHS 8 DAYS 22 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

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) Andrain Co., Mo.13. NAME Alvin Francis Lukrom14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Estie May Appelman16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrain Co., Mo.17. INFORMANT Alvin Francis Lukrom  
(ADDRESS) Carthage, Mo.18. BURIAL, CREMATION, OR REMOVAL Appelman Church DATE 1/1319. UNDERTAKER W. J. McDonald  
(ADDRESS) Centralia, Mo.20. FILED 1/13 1936 Alvin Selby (Registrar)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12, 193622. I HEREBY CERTIFY, That I attended deceased from June 8th, 1936, to June 12, 1936I last saw him alive on June 11, 1936 Death is saidto have occurred on the date stated above, at 5 A m.

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

Pneumonia, Labor Pains, Jan.Purulent Pericarditis,Empyema Right ChestOther contributory causes of importance 108Name of operation Drainage Date of Jan 12What test confirmed diagnosis? X-ray Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury none, 1936Where did injury occur? none (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 Stephens D. Smith M. D.(Signed) Centralia Mo

(Address) \_\_\_\_\_

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.

