

MAR 4 1936

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

Do not use this space.

576

## 1. PLACE OF DEATH

County Chariton  
Township Salt Creek  
City                      (No.                     )Registration District No. 172  
Primary Registration District No. 5239File No.                       
Registered No. 3  
St.                      Ward                     

## 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF                     6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 18 - 19207. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
15 5                                                               8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl9. 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) Chariton Co Mo13. NAME J. E. Lambert14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton Co Mo15. MAIDEN NAME Ollie Stanley16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton Co Mo17. INFORMANT J. E. Lambert  
(ADDRESS) Mendon Mo18. BURIAL, CREMATION, OR REMOVAL                     PLACE Redding cemetery DATE 1-20-3619. UNDERTAKER S. H. Reppard  
(ADDRESS) Mendon Mo20. FILED Jan 18 1936 W. D. West  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 18, 193622. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1935, to Jan 15, 1935I last saw her alive on Jan 17, 1935 Death is saidto have occurred on the date stated above, at 1 a. m.

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

Lobar Pneumonia

Other contributory causes of importance:

Septic InfluenzaName 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) W. D. West, M. D.(Address) Mendon 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.

WRITE PLAINLY WITH INK

