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.

MAR 16 1936

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

Do not use this space.

4767

1. PLACE OF DEATH

County Butler — Registration District No. 88 — File No.

Township — Primary Registration District No. 4054 — Registered No. 6

City Neelyville (No. Neelyville, Mo. St. Ward)

2. FULL NAME Geneva Lazalier

(a) Residence, No. Neelyville, Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29, 1881

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
54	1	27	

OCCUPATION

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) 1935 — 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ripley County Missouri

FATHER

13. NAME Oliver P. Abington

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles County Missouri

MOTHER

15. MAIDEN NAME Nina B. Woods

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles County Missouri

17. INFORMANT Ed L. Lazalier
(ADDRESS) Nellyville, Missouri

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Poplar Bluff City cemetery DATE Feb. 28, 1936

19. UNDERTAKER Greer Funeral Service
(ADDRESS) Poplar Bluff, Missouri

20. FILED 2-27, 1936 R. I. Turner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26, 1936

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

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11:30 A.M.

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

Cerebral hemorrhage

Date of onset

Other contributory causes of importance:

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) J. W. McSwain, M. D.

(Address) Neelyville, Mo.