

MAR 23 1936

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

Do not use this space.

6824

## 1. PLACE OF DEATH

County Marion  
Township Liberty  
City Palmyra

Registration District No. 548.  
Primary Registration District No. 4323.

File No. \_\_\_\_\_  
Registered No. 10.  
St. C. Ward \_\_\_\_\_

2. FULL NAME Lutie Menefee Terrill(a) Residence, No. Palmyra, 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 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William E. Terrill6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 4 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Warren, Missouri

13. NAME Innis Menefee  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Eliza Gash  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmyra, Mo.

17. INFORMANT Miss Mattie Terrill  
(ADDRESS) Palmyra, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Philadelphia, Mo. DATE 2/28/36, 193619. UNDERTAKER Lewis Broad  
(ADDRESS) Palmyra 240.20. FILED Feb 27, 1936 Arthur Lee  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 26, 193622. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1936 to Feb 26, 1936I last saw her alive on Feb 26, 1936. Death is said to have occurred on the date stated above, at 3:50 m. a. m.

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

Chronic interstitial nephritis

Date of onset \_\_\_\_\_

Other contributory causes of importance: NoneName of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? NoIf so, specify \_\_\_\_\_  
(Signed) Dr. W. C. Pical, M. D.(Address) Palmyra 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.

