

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

Do not use this space.

APR 17 1936

9285

1. PLACE OF DEATH
 County Boone Registration District No. 75
 Township Green Primary Registration District No. 5114
 City Lloyd (No.) St. Ward

2. FULL NAME Lloyd Earl Latimer
 (a) Residence, No. St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 78 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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) 3-31-1919

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>17</u>	<u> </u>	<u>01</u>	<u>25</u>	<u> </u>

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-15 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1936, to Mar. 15, 1936
 I last saw him alive on Mar. 15, 1936. Death is said to have occurred on the date stated above, at 2 p.m.
 The principal cause of death and related causes of importance were as follows:
Influenza
7 Pneumonia
Branchial
 Other contributory causes of importance:

Date of onset 3-8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sturgeon Mo
Boone Mo

MOTHER FATHER
 13. NAME Creed Franklin Latimer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Mo
 15. MAIDEN NAME Fannie Kathleen Welch
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Mo

17. INFORMANT (ADDRESS) Mother Fannie Welch
 18. BURIAL, CREMATION, OR REMOVAL PLACE Red Rock DATE 3-16-36
 19. UNDERTAKER (ADDRESS) Farber Undertaking
 20. FILED 4-10, 1936 Mrs. H. Hullett Registrar.

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) H. Hullett, M. D.
 (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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

11-

1936-~~19~~47

18 3 21-

19 25-

19