

JUN 22 1936

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

Do not use this space.

15023

1. PLACE OF DEATH

County Iron
Township Acades
City Ironton (No. _____)

Registration District No. 391
Primary Registration District No. 4230

File No. _____
Registered No. 40 St. _____ Ward)

2. FULL NAME Lona Hovis

(a) Residence, No. _____ St., _____ Ward.

(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 Fem 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 Alfred Hovis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2, 1896

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
40 2 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife
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) Annapolis Mo.

MOTHER / FATHER 13. NAME Thomas Francis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Hospital records (ADDRESS) Ironton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Des Arc Mo. DATE 4/27/36

19. UNDERTAKER White & Son Ironton Mo. (ADDRESS)

20. FILED May 25 1936 RA Rasche Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1936, to April 26, 1936. I last saw her alive on April 26, 1936. Death is said to have occurred on the date stated above, at 2:00 p.m.

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

Date of onset _____
Pneumonia
188

Other contributory causes of importance:

Chyloperic
Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? Yes

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? No. If so, specify _____ (Signed) George Jay, M. D. (Address) Ironton - 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.

