MAY 27 1936

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

Do not use this space.

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1. PLACE OF DEATH
County Saline — Registration District No. 796
Township — Primary Registration District No. 3038
City Marshall (No. 431 E. West St. Ward)

File No.
Registered No. 94

2. FULL NAME Lizzie Daniels
(a) Residence, No. 431 E West 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 F
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Will Daniels
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 25 1897
7. AGE YEARS 39 MONTHS DAYS 30 If LESS than 1 day, ...hrs. or ....min.

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. at Home
10. Date deceased last worked at this occupation (month and year) April 1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennieville Saline Co Mo

FATHER
13. NAME Samuel Lawrence
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co Mo.

MOTHER
15. MAIDEN NAME Ella Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennieville Saline Co Mo.

17. INFORMANT (ADDRESS) Beatrice Williams Marshall Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Finish Creek Mo DATE April 27, 1936
19. UNDERTAKER (ADDRESS) F. R. Ferguson Marshall
20. FILED April 27, 1936 Helen Huston Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1936
22. I HEREBY CERTIFY, That I attended deceased from April 16, 1936, to April 24, 1936
I last saw her alive on April 24, 1936 Death is said to have occurred on the date stated above, at 5:45 P.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma Uteri — Date of onset Dont Know
Other contributory causes of importance: Uterus Hemorrhage.
Name of operation None Date of —
What test confirmed diagnosis? Physical 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? no
If so, specify —
(Signed) W Hendrison, M. D.
(Address) Marshall 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.

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