AUG 11 1936

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

Do not use this space.

25691

File No.
Registered No.

**1. PLACE OF DEATH**

County: Butler — Registration District No.: 98c
Township: Eppo. — Primary Registration District No.: 5192
City: (No. , St. Ward)

**2. FULL NAME:** Lois Geraldine Dare

(a) Residence, No.: R.R. #1 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: W
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): Mar. 7. 1923

7. AGE: Years 13 Months 3 Days 24 If LESS than 1 day, ....hrs. or ....min.

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:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

FATHER

13. NAME: G. W. Dare
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

MOTHER

15. MAIDEN NAME: Carrie Porch.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hendrickson Mo.

17. INFORMANT (ADDRESS): G. W. Dare Poplar Bluff Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Black River DATE: 7-3 1936

19. UNDERTAKER (ADDRESS): Frank Lind Co. Poplar Bluff

20. FILED: 7/2 1936 M. S. Leslie Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-1 1936

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1936, to June 30, 1936. I last saw her alive on June 30, 1936. Death is said to have occurred on the date stated above, at 12 noon m.

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

| | Date of Onset |
|---|---|
| Pernicious Malaria | 4 days |
| 38 | |

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) Alfred P. Cox, M. D.
(Address) Poplar Bluff Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.