Manhattan

8-15-31

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

AUG 27 1936

Do not use this space.

27605

1. PLACE OF DEATH
County Pike
Township
City Louisiana (No. 730, Frankford Road St. Ward)
Registration District No. 689
Primary Registration District No. 3033
File No.
Registered No.

2. FULL NAME Jane ~~[illegible]~~ Florence
(a) Residence, No. 730 Frankford Road 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 Female
4. COLOR OR RACE Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Florence ~~Clark~~

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dont Know

7. AGE YEARS about 80 MONTHS DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hskeeper
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 Dont Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Tony Florence (Daughter) Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rexeaveew DATE 7-20 1936

19. UNDERTAKER (ADDRESS) F C Haley Jr Louisiana Mo

20. FILED 7-17 1936 F C Haley Jr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-17, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-14, 1936 to 7-14, 1936
I last saw her alive on 7-14, 1936. Death is said to have occurred on the date stated above, at 1:15 m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance: Chronic Myocarditis

Name of operation None Date of
What test confirmed diagnosis? Ol Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None 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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible], M. D.
(Address) Louisiana Mo

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