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

Do not use this space.

SEP 15 1936

33057

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, (No. 4116 W Green Lea. St. ..... Ward)

File No. .....

Registered No. 8956

2. FULL NAME Lenora Belle Palmer.

(a) Residence, No. 4116 Green Lea. St., 10 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: White.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Briggs.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12, 1857

7. AGE: YEARS 79 | MONTHS 5 | DAYS 14 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Medora. Ill.

FATHER

13. NAME James Carson.

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

MOTHER

15. MAIDEN NAME Lavina Jane Collins.

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

17. INFORMANT Junius A. Briggs.
(ADDRESS) 4116 W Green Lea.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Medora, Ill. DATE Aug. 29, 1936

19. UNDERTAKER Math Hermann & Son.
(ADDRESS) 3116 East Fair, Ave.

20. FILED AUG 28 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1936 to Aug 26 1936

I last saw h. alive on Aug 25 1936 Death is said to have occurred on the date stated above, at 10:40 Pm.

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

Chr. myocarditis (Several yrs) — Date of onset

Other contributory causes of importance: angina pectoris

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) Hubert S. Pruett, M. D.

(Address) 3126 N. Grand

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

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