

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.

JAN 9 1937

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

Do not use this space.

1044

41 1. PLACE OF DEATH  
County Harrison Registration District No. 335-2  
Township Plythe Dale Primary Registration District No. 4198  
City Plythe Dale St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Jane B. Lorus  
(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.

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Julius Lorus*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Apr. 20 1950*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
*86 8 11*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife 35*

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) *1930* 11. Total time (years) spent in this occupation *70*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Peoria, Ill.*

13. NAME *Martin Staley*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknwn Germany*

15. MAIDEN NAME *unknwn*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknwn*

17. INFORMANT (ADDRESS) *Ted Lorus Plythe Dale Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Plythe Dale* DATE *Jan 25 1937*

19. UNDERTAKER (ADDRESS) *Progen & Son Ridgeway Mo.*

20. FILED *1/6 1937* *A. J. Lester Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 1 1937*

22. I HEREBY CERTIFY, That I attended deceased from *10-6 1934* to *1-1 1937*  
I last saw her alive on *11-25 1936* Death is said to have occurred on the date stated above, at *1:30 p. m.*  
The principal cause of death and related causes of importance were as follows:  
*Chronic Myocarditis - 1925*  
*Debility*

Other contributory causes of importance \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? *None* 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) *Bethany M. D.*  
(Address) *Bethany Mo.*

of