FEB 19 1937

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

Do not use this space.

1. PLACE OF DEATH
County St. Francois — Registration District No. 773 — File No. 2848
Township St. Francois — Primary Registration District No. 6018A — Registered No. 16
(Near) City Farmington (No. ..... St. ..... Ward)

2. FULL NAME Orville Louzader
(a) Residence, No. Pulaski County, Missouri 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1874

7. AGE: YEARS 62 — MONTHS 8 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroading & Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 114
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller County Missouri 31

FATHER
13. NAME Abraham Louzader 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

MOTHER
15. MAIDEN NAME Manerva Marctiant
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Hospital Records Farmington, Mo.

18. BURIAL, ~~CREMATION OR REMOVAL~~
PLACE Springfield, Mo. DATE Jan. 21, 1937

19. UNDERTAKER (ADDRESS) Alma Lohmeyer Springfield, Mo.

20. FILED Jan 22, 1937 B. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19, 1937

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ by request, 19....
~~I last saw him alive on~~ Jan 19, 1937 Death is said to have occurred on the date stated above, at 10:15 A.m.
The principal cause of death and related causes of importance were as follows:
Death due to poisoning (carbolic acid self-administered)
Date of onset
Other contributory causes of importance: 163
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) Elena Prounce, coroner
(Address) St. Francois County Flat River, 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.