N. B.—Every item of information should be carefully supplied. AGE should be stated [illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 23 1937

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

Do not use this space.

File No. 4538

Registered No.

1. PLACE OF DEATH
County Saline
Township Blackwater
City (No. , Houstonia. R. F. D. St. Ward)

Registration District No. 798
Primary Registration District No. 6042

2. FULL NAME Lounettie Viola Ussery

(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 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July. 27th. 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	59	6	3	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) Nov. 1936

11. Total time (years) spent in this occupation Life

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

FATHER

13. NAME Issac D. Sidwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

MOTHER

15. MAIDEN NAME Lucinda Burton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT Dorthy Pilcker
(ADDRESS) Marshall. Mo, R. F. D.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Lick DATE Feby. 1. 1937

19. UNDERTAKER W. C. Westbrook,
(ADDRESS) Houstonia, Mo.

20. FILED Jan 2nd 1937 O. L. Chiswell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jany. 30th 1937

22. I HEREBY CERTIFY That I attended deceased from Oct 10 1936 to Jan 30 1937
I last saw h[illegible] alive on Jan 28 1937 Death is said to have occurred on the date stated above, at 7-45 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	1934

Other contributory causes of importance: None

Name of operation X Date of X
What test confirmed diagnosis? Clinical 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) A. L. Bateman M. D.
(Address) Marshall Mo.