

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.

64 JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH  
 County Coack Registration District No. 703  
 Township Johnson Primary Registration District No. 4424  
 City Summersville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Lessie May Bouth  
 (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.

24636

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Luther Bouth  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 21, 1903  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
35      34      4      9

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1937  
 I HEREBY CERTIFY, That I attended deceased from June 27, 1937 to June 29, 1937  
 I last saw him alive on June 30, 1937. Death is said to have occurred on the date stated above, at 11:25 a.m.  
 The principal cause of death and related causes of importance were as follows:

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 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) Summersville, Mo.  
 MOTHER FATHER  
 13. NAME Frank Swindler  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago, Ill.  
 15. MAIDEN NAME Sara Eliza Pains  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Summersville, Mo.  
 17. INFORMANT (ADDRESS) Alpha Vickers  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Walden Cemetery, Summersville DATE June 30, 1937  
 19. UNDERTAKER (ADDRESS) Davis Undertaking Co., Stockton  
 20. FILED July 10, 1937 Ora M. Bush Registrar.

Perforated duodenal ulcer + Peritonitis  
 Other contributory causes of importance: 11712  
 Name of operation none Date of \_\_\_\_\_  
 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) R. O. Mearns, M. D.  
 (Address) Summersville, Mo.

died in Geo. Summitt Hospital

