

AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1008**
Missouri Baptist Hosp.

File No. **25506**
Registered No. **6680**
St. _____ Ward _____

2. FULL NAME **Lulu Ponder**

(a) Residence, No. **5312 Cates** St. **12** Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 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 **Ernest Ponder**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 28, 1869**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 0 12

8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Housewife**
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) **Indiana**

13. NAME **Charles Carroll**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Inkknown**

15. MAIDEN NAME **Harriett Buchanan**

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

17. INFORMANT (ADDRESS) **Ernest Ponder 5112 Cates**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Walhalla Cemetery** DATE **July 13, 1937**

19. UNDERTAKER (ADDRESS) **Drehmann & Herral 1905 Union Blvd.**

20. **JUL 12 1937** 19 **J. A. Gredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 10, 1937**

22. I HEREBY CERTIFY, that I attended deceased from **many yrs.** 19... to **July 10** 1937

I last saw **her** alive on **7/10/37** 19... Death is said to have occurred on the date stated above, at **9:23 P.M.**

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

Pericarditis
Hepatitis
Yellow fever
Chalceystetomy
no stones

Other contributory causes of importance:

Name of operation **Chalceystetomy** Date of **6/12/37**
What test confirmed diagnosis? **autopsy** Was there an autopsy? **Yes**

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 **1**
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify _____

(Signed) **Hudson Jacobell, M. D.**

(Address) **Metrop. Bldg**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If not stated, it should be estimated as nearly as possible.

89943

Date of onset
Inkknown

MAR 22 1948

MAR 19 1948

RECEIVED
MAR 22 1948