

AUG 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Bates Registration District No. 47
Township Deer Creek Primary Registration District No. 4027
City Adrian (No.) St. Ward (.....)

File No. 26606
Registered No. 18

2. FULL NAME

Lillian Francis Muchmore

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Samuel S. Muchmore</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 5 - 1862</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>2</u>	DAYS <u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Housewife</u>		
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.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1937, to July 23, 1937
I last saw him alive on July 21, 1937. Death is said to have occurred on the date stated above, at 3:25 A.M.
The principal cause of death and related causes of importance were as follows:
Gastro-Enteritis (acute) Date of onset

Other contributory causes of importance:

1803

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilmington Iowa

13. NAME Huron F. Brookfield

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME Helen Francis Morse

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT L. S. Muchmore
(ADDRESS) Adrian Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Appleton City Mo. DATE July 25 1937

19. UNDERTAKER breath and six
(ADDRESS) Adrian

20. FILED July 26 1937 E. Ethel C. Stephens
Registrar.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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 1

24. Was disease or injury in any way related to occupation of deceased?
If so, specify E. E. Plummer (Signed) M. D.
(Address) Adrian 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.

UNITED STATES DEPARTMENT OF THE ARMY
MEDICAL CENTER
WASHINGTON, D. C.

REPORT OF MEDICAL HISTORY
PATIENT'S NAME: [REDACTED]
SERIAL NUMBER: [REDACTED]
DATE OF EXAMINATION: [REDACTED]

1. PRESENT ILLNESS
[REDACTED]

2. PAST HISTORY
[REDACTED]

3. PHYSICAL EXAMINATION
[REDACTED]

4. LABORATORY TESTS
[REDACTED]

5. DIAGNOSIS
[REDACTED]

6. TREATMENT
[REDACTED]

7. PROGNOSIS
[REDACTED]

8. COMMENTS
[REDACTED]

9. SIGNATURE
[REDACTED]

10. DATE
[REDACTED]

11. GRADE
[REDACTED]

12. SPECIAL INSTRUCTIONS
[REDACTED]

13. OTHER
[REDACTED]

RECEIVED
MEDICAL CENTER
WASHINGTON, D. C.