

AUG 19 1937

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

Do not use this space.

## 1. PLACE OF DEATH

 County *Butler*  
 Township *Neely*  
 City \_\_\_\_\_ (No. \_\_\_\_\_)

 Registration District No. *88*  
 Primary Registration District No. *5130*

 File No. *26762*  
 Registered No. *35*  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

*Lora Mathews.*
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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 <i>Female</i>	4. COLOR OR RACE <i>Col.</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July - 10 - 1937</i>		
7. AGE	YEARS	MONTHS
	—	—
		DAYS
		—
		IF LESS than 1 day, _____ hrs. or _____ min.
		<i>45</i>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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) <i>Neelyville Mo</i>		
FATHER	13. NAME _____	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____	
MOTHER	15. MAIDEN NAME <i>Vera Mathews.</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Neelyville</i>	
17. INFORMANT (ADDRESS) <i>Ned Mathews Neelyville Mo</i>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<i>Neelyville</i>	DATE <i>7-11-1937</i>
19. UNDERTAKER (ADDRESS) <i>Friends.</i>		
20. FILED <i>7-11-1937</i> <i>R. L. Turner</i> Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <i>7-10-1937</i>
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at <i>4:25 a.m.</i>
The principal cause of death and related causes of importance were as follows: <i>Premature birth</i> <i>Cause of death.</i> <i>6 months child.</i>
Other contributory causes of importance: <i>159</i>
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 _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <i>R. L. Turner</i> , M. D. (Address) <i>Neelyville Mo.</i>

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.

