NOV 16 1937

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

Do not use this space.

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1. PLACE OF DEATH
County Butler — Registration District No. 88 — File No. 37245
Township — Primary Registration District No. 4054 — Registered No. 43
City Neelyville (No. ..... St. ..... Ward)

2. FULL NAME Luda Cagle
(a) Residence, No. Neelyville Mo. St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: George Cagle
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 22 1881
7. AGE: Years 56 — Months 2 — Days 10 — If LESS than 1 day, ... hrs. or ..... min.

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.: Own Home
10. Date deceased last worked at this occupation (month and year): March 1937
11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Eldora Illinois

FATHER
13. NAME: Thos Bennett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Martha Tarrant Neelyville, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Pocahontas Ark DATE: Oct 3 1937
19. UNDERTAKER (ADDRESS): Minnie Gish Naylor, Mo.
20. FILED: 10-4 1937 R. L. Turner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 2, 1937
22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1937, to Oct 2, 1937
I last saw her alive on Oct 2, 1937. Death is said to have occurred on the date stated above, at 3 p m.
The principal cause of death and related causes of importance were as follows:
Labor pneumonia — Date of onset 9.30

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Other contributory causes of importance: age

Name of operation: no — 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) Herobito, M. D.
(Address) Naylor Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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