

NOV 19 1937

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

Do not use this space.

38069

## 1. PLACE OF DEATH

County Lawrence Registration District No. 470  
Township W. Vernon Primary Registration District No. 5633  
City W. A. Lawrence (No. Ms State Sanatorium) St.                      Ward                     

File No.                     Registered No. 107

## 2. FULL NAME

(a) Residence, No.                      St.                      Ward. New London Mo  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 5, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF                     

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1932, to October 5, 1937

I last saw her alive on October 4, 1937. Death is said to have occurred on the date stated above, at 4:30 m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29, 1922

Pulmonary tuberculosis Date of onset Nov 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 15 4 6

Other contributory causes of importance:                     

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

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) New London Mo.

13. NAME George Ayers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New London Mo.

15. MAIDEN NAME Georgia Wright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centuria Mo.

17. INFORMANT Emmanuel Smith

(ADDRESS) Ms State Sanatorium

18. BURIAL, CREMATION, OR REMOVAL PLACE W. A. Lawrence DATE Oct 5, 1937

19. UNDERTAKER Fossett Funeral Home

(ADDRESS) W. A. Lawrence Mo.

20. FILED Oct 5, 1937 W. A. Lawrence Registrar

Name of operation None Date of                     

What test confirmed diagnosis?                      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) J. L. Tucker, M. D.

(Address) New London Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

