

DEC 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County Monroe
Township Jefferson
City (No.) St. Ward)

Registration District No. 5-83
Primary Registration District No. 5781A

File No. 41921
Registered No.

2. FULL NAME

Lola M. Utterback
(a) Residence, No. Perry, Mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-23-18 57

7. AGE YEARS 80 MONTHS 8 DAYS 25 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

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 Samuel Kenneridge

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Mary Myers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Joseph H. Norman, Perry, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hill DATE 11/20 1937

19. UNDERTAKER (ADDRESS) Clyde W. Wilkey, Perry, Mo.

20. FILED Dec 10 1937 PP Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 18 1937, to Nov 18 1937

I last saw her alive on Nov 18 1937. Death is said to have occurred on the date stated above, at 3:40 m.

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

Cerebral thrombosis Date of onset 11-15-37

Other contributory causes of importance: Arteriosclerosis

Name of operation Date of no

What test confirmed diagnosis? Physical 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) Joseph H. Norman, M. D.

(Address) Perry, 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.

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