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.

REC'D MAR 15 1938

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

Do not use this space.

2
1

1. PLACE OF DEATH
27 County Cooper — Registration District No. 225 — File No. 6556
Township Saline — Primary Registration District No. 5306 — Registered No. 2
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Lydia Francis McDaniel 235
(a) Residence, No. ..... 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11 - 1889

7. AGE: YEARS 48 — MONTHS 5 — DAYS 20 — 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. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

FATHER
13. NAME John Odom
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrensburg Mo Missouri

MOTHER
15. MAIDEN NAME Amanda Duncan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) L. J. McDaniel Brownville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Providence Cem. DATE 1-2 1937

19. UNDERTAKER (ADDRESS) C. Albert Hornbeck Prairie Home Mo

20. FILED Feb 18 1938 W E Hooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1st 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1935 to 12-31, 1937
I last saw her alive on 12-29, 1937 Death is said to have occurred on the date stated above, at 8 a m.
The principal cause of death and related causes of importance were as follows:
Bronchial Clasis — Date of onset
TB - Suspect
Other contributory causes of importance: 23 -

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) A L Meredith, M. D.
203 (Address) Prairie Home Mo