

REC'D MAY 6 1938

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

Do not use this space.

File No. 15956  
Registered No. 13  
St. \_\_\_\_\_ Ward \_\_\_\_\_

97  
1. PLACE OF DEATH  
County Saline Registration District No. 794  
Township Cambridge Primary Registration District No. 6037A  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME  
Lena Juman 550  
(a) Residence, No. \_\_\_\_\_ 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

MEDICAL CERTIFICATE OF DEATH

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 S J Juman  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11-1875  
7. AGE YEARS 62 MONTHS 9 DAYS 17  
If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
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  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Williams, Saline Co Mo  
13. NAME John W. Jernell  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Williams, Saline Co Mo  
15. MAIDEN NAME Columbia Gooden  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Williams, Saline Co Mo  
17. INFORMANT S J Juman Williams Mo (ADDRESS)  
18. BURIAL, CREMATION, OR REMOVAL PLACE Williams Cemetery DATE Dec 30-37  
19. UNDERTAKER Jones & Balzer (ADDRESS)  
20. FILED Dec 31 1937 J W Davidson Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28 1937  
22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1937, to Dec 28 1937  
I last saw her alive on Dec 28 1937 Death is said to have occurred on the date stated above, at 746 PM  
The principal cause of death and related causes of importance were as follows:  
Valvular Insufficiency (Mitral) (Date of onset 92W)  
Other contributory causes of importance:  
Severe Shock of nervous system (traumatic transients two family killed) (auto)  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clin Was there an autopsy? No  
23. If death was due to external causes (violence), fill in also the following:  
Was it a 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) W H Tucker M. D.  
714 (Address) Saline

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.

