

REC'D JUL 19 1938

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

Do not use this space.

1. PLACE OF DEATH

County DallasRegistration District No. 89File No. 21431

Township

Primary Registration District No. 3007Registered No. 123

City

Paplar Bluff

(No. _____ St. _____ Ward)

2. FULL NAME

(a) Residence, No. 1100

(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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 13-1938</u>		
7. AGE	YEARS	MONTHS
	<u>—</u>	<u>3</u>
		<u>16</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>—</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>—</u>
	10. Date deceased last worked at this occupation (month and year)	<u>—</u>
	11. Total time (years) spent in this occupation	<u>—</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Paplar Bluff, Mo</u>	
MOTHER	13. NAME	<u>Luther P. Sullivan</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Paplar Bluff, Mo</u>
	15. MAIDEN NAME	<u>Lillie B. Edwards</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Hendrickson, Mo</u>
17. INFORMANT (ADDRESS)	<u>Luther P. Sullivan, Wendell Paplar Bluff, Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Wt Zion Cem</u>	DATE <u>June 29 1938</u>
19. UNDERTAKER (ADDRESS)	<u>N.T. Phelps, Paplar Bluff, Mo</u>	
20. FILED	<u>6/29 1938</u>	<u>Chickering</u> Registrar. <u>89</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-25, 1938, to 6-29, 1938.

I last saw her alive on 6-25, 1938. Death is said to have occurred on the date stated above, at 1 a. m.

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

Date of onset _____

Other contributory causes of importance:
Pertussis

Name of operation _____ 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? yes
If so, specify _____
(Signed) H. C. Clay, M. D.
(Address) Paplar Bluff, 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.

Dr. Casey