

SEP 23 1938

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

Do not use this space.

1. PLACE OF DEATH

County Lawrence

Township Do-Vermon

City Mr. Vernon

Registration District No. 470

Primary Registration District No. 4283

File No. 29335

Registered No. 96

St. \_\_\_\_\_

Ward \_\_\_\_\_

2. FULL NAME Lora Florence Neuch

(a) Residence, No. Mr. Vernon

(Usual place of abode)

St. Mo

Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OF RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 9 - 1873

7. AGE

YEARS 65

MONTHS 5

DAYS 2

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) 0

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montemore Mo

FATHER

13. NAME G. B. Moore

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

MOTHER

15. MAIDEN NAME Marta Jabonke

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

17. INFORMANT (ADDRESS) Mr. Vernon Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE So. Cemetery

DATE Aug 12, 1938

19. UNDERTAKER (ADDRESS) George B. Orr

20. FILED Aug 12, 1938

Pa Holmes Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1938, to Aug 11, 1938.

I last saw her alive on Aug 10, 1938. Death is said to have occurred on the date stated above, at 7 A.M.

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

Chronic nephritis

Date of onset

1/21

Other contributory causes of importance: Heart dilatation Aug 12

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? 24 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) Pa Holmes, M. D.

(Address) Mr. Vernon 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.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-141

Date Filed 9-20-38