

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

REC'D MAR 9 1939

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

Do not use this space.

1. PLACE OF DEATH

County Crawford
Township Oak Hill
City Oak Hill (No. _____)

Registration District No. 284
Primary Registration District No. 5819

File No. 6343
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Leora Lucretia Souders

(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

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 Chas T Souders

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16, 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
<u>71</u>	<u>71</u>	<u>1</u>	<u>11</u>	

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) Sherridan, Iowa

MOTHER FATHER 13. NAME Thomas Ryerson

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

15. MAIDEN NAME Sarah Souders

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

17. INFORMANT A.C. Ryerson, Cuba, Mo
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE 11-7-37

19. UNDERTAKER Elbert G. Long
(ADDRESS) BOURBON, Mo.

20. FILED Feb 14, 1939 Mrs Lillie Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1937, to Nov 5, 1937

I last saw her alive on Nov 4, 1937. Death is said to have occurred on the date stated above, at _____ m.

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

Fracture of Sternum
at manubrium, ribs
now are broken
and internal injuries
in chest.

Date of onset 1937

Other contributory causes of importance: fall down stairs

Name of operation _____ Date of _____

What test confirmed diagnosis Physical 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) R.P. Royal, M. D.

(Address) Sullivan Mo

