

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.

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

Do not use this space.

26542

AUG 11 1939

1. PLACE OF DEATH

County Pike
Township
City Louisiana, Missouri

Registration District No. 689
Primary Registration District No. 3033
Mineral Spring

File No. _____
Registered No. _____
St. _____ Ward) _____

2. FULL NAME J. 36 Bonita Jane Lester

(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 Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
Stillborn

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

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

10. Data 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) Louisiana, Mo.

13. NAME Paul Lester

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moscow Mills, Mo.

15. MAIDEN NAME Opal Phelps

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elsherry, Mo.

17. INFORMANT (ADDRESS) Paul Lester, Mos

18. BURIAL, CREMATION, OR REMOVAL (Address) See Cem. Lincoln Co DATE 7/7-39

19. UNDERTAKER (ADDRESS) none

20. FILED 7/6 39 J. H. Hays Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. 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:

_____ Date of onset _____

Other contributory causes of importance: Asphyxiated

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) J. H. Hays Registrar. 620 (Address) Lincoln Co

RECEIVED

District Health Officer No. 10

District File Number 8-39-1343

Date filed AUG 4 1939