

FILED FEB 13 1940

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

Do not use this space.

1633

1. PLACE OF DEATH

County Bollinger

Registration District No. 69

Township Wayne

Primary Registration District No. 511

City Zalma, Mo. (No. 10)

(Maiden name) (Sitzes)

File No. 9

Registered No. 9

2. FULL NAME Louranna Belle (Sitzes) Clubb

(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 42 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 Thomas Jefferson Clubb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15, 1871

7. AGE YEARS 68 MONTHS 2 DAYS 13 If LESS than 1 day, — hrs. — 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. Home

10. Date deceased last worked at this occupation (month and year) Sept 15, 1939 11. Total time (years) spent in this occupation 42 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marquand, Mo.

13. NAME R. Sitzes

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

15. MAIDEN NAME L. Bess

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

17. INFORMANT (ADDRESS) Thomas Jefferson Clubb, Zalma, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Red Creek Cemetery DATE Dec. 14, 1939

19. UNDERTAKER (ADDRESS) John Shyrtel & Son, Zalma, Mo.

20. FILED 7/8, 1940 Mrs. John Bess Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 13, 1939

22. I HEREBY CERTIFY That I attended deceased from December 13, 1939 to December 13, 1939

I last saw him alive on December 13, 1939 Death is said to have occurred on the date stated above, at 12:20 A. M.

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

Chronic Myocarditis Date of onset —

Other contributory causes of importance: Essential Hypertension

Blood Pressure Systolic 250

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? No

If so, specify — (Signed) D. R. A. Smith, M.D. (Address) P.O. Box # 62 - Zalma, Mo.

