

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

Do not use this space.

1280

1. PLACE OF DEATH

County Henry Registration District No. 355
 Township Walton Primary Registration District No. 5498
 City Crick (No.) St. Ward)

2. FULL NAME

Lizzie Doll
 (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 56 yrs. 3 mos. 3 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 W. L. Doll
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 6 - 1872
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 56 | 3 | 3

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housekeeper
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Crick
 (STATE OR COUNTRY) Henry Co. Mo

10. NAME OF FATHER John Booth

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
 (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Mary J. Bald

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bellevue
 (STATE OR COUNTRY) Ohio

14. INFORMANT Mrs Annie Goodman
 (Address) Crick Mo

15. FILED 1-17, 1929 W E Bazzarely REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 9 1929
 17. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1929, to Jan 9, 1929, and that death occurred, on the date stated above, at 10:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza complicated with
Pneumonia
11A
107A (duration) yrs. mos. 11 ds.

CONTRIBUTORY Pneumonia (SECONDARY) (duration) yrs. mos. 12 ds.
 18. WHEN WAS DISEASE CONTRACTED? IS NOT AT PLACE OF DEATH? X
 6 DID AN OPERATION PRECEDE DEATH? no DATE OF X
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? none
 (Signed) J. W. Galbreath, M. D.
1-10, 1929 (Address) Crick Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL White Oak Cemetery DATE OF BURIAL 1-11 1929

20. UNDERTAKER J. R. Smith ADDRESS Crick Mo

WHILE IN LINE, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

B 2-2 1929
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