

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

Do not use this space.

1. PLACE OF DEATH

County HENRY Registration District No. 347
 Township CLINTON Primary Registration District No. 3018
 City CLINTON (No. _____) St. _____ Ward _____

File No. 29729
 Registered No. _____

2. FULL NAME LUCY MELVINA AVERY

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

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>80</u>	<u>—</u>	<u>—</u>	

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

9. BIRTHPLACE (CITY OR TOWN) ST. CLAIR COUNTY
 (STATE OR COUNTRY) MISSOURI

10. NAME OF FATHER ELIC MONTGOMERY

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

12. MAIDEN NAME OF MOTHER UNKNOWN

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) UNKNOWN

14. INFORMANT LORINE AVERY
 (Address) WINDSOR MISSOURI

15. FILED 10/1 19 30 Dr. E. C. Peeler
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/29/1930

17. I HEREBY CERTIFY, That I attended deceased from 9/18/30 to 9/29/30, 1930, and that I last saw her alive on 9/29/30, 1930, and that death occurred, on the date stated above, at 4:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
95E

CONTRIBUTORY (SECONDARY) 90B
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? no. DATE OF _____

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? enlarged heart & changes
 (Signed) R. S. Hallingworth, M.D.
 , 19 _____ (Address) Clinton 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 LAUREL OAK DATE OF BURIAL 10-2 1930

20. UNDERTAKER SIMS-WILKINSON ADDRESS CLINTON

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.

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OCT 28 1930

