

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

1047

MAR 25 1935

1. PLACE OF DEATH

County Henry  
Township Deepwater  
City Deepwater (No. .... St. .... Ward)

Registration District No. 351  
Primary Registration District No. 4208

File No. ....  
Registered No. 2

2. FULL NAME Ethel Armindia Loun

(a) Residence. No. Deepwater no. 81 Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-9 1935

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

17. I HEREBY CERTIFY, That I attended deceased from 1935-29 to Jan 9 1935 that I last saw him alive on Jan 8 1935 and that death occurred, on the date stated above, at 9 A. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 28 1864

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Fracture Pelvis & very large

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 9 10

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

CONTRIBUTORY (SECONDARY) Hg  
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Sowers City  
(STATE OR COUNTRY) Missouri

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH m DATE OF .....

10. NAME OF FATHER Johnathan Hearn

18. WHERE WAS DISEASE CONTRACTED (continued)  
WAS THERE AN AUTOPSY? .....

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

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) J. J. Russell M. D.

12. MAIDEN NAME OF MOTHER Loiza Mason

(Address) 70. 1935

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

\*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.

14. INFORMANT Edward Loun  
(Address) Deepwater Missouri

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Deepwater Cemetery DATE OF BURIAL 10 1935

15. FILED 2-10-35 J. J. Russell REGISTRAR

20. UNDERTAKER Fred Wekin Clinton ADDRESS

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.

TWO CARE REGISTRATION REPORTS TO BE FILED SEPARATELY

**HIMSSOUTH STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
 HEALTH DEPARTMENT

1961 9  
 1. PLACE OF DEATH

County of Barren File # 100  
 Township of Barren  
 City Barren

Registration District of Barren  
 Primary of Barren

File No. 100  
 Registered No. 100

2. FULL NAME W. W. W. W.  
 (a) Residence Barren, Ky.  
 (b) Length of residence in city of Barren 10 yrs. 10 mos. 10 ds.  
 (c) How long in Barren 10 yrs. 10 mos. 10 ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX M  
 4. COLOR OR RACE White  
 5A. IS MARRIED, WIDOWED OR DIVORCED Married  
 5B. IF MARRIED, WIFE OF W. W. W. W.  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10/10/1910  
 7. AGE YEARS MONTHS DAYS 51 0 0  
 8. OCCUPATION OF DECEASED None  
 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barren, Ky.  
 10. NAME OF FATHER W. W. W. W.  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Barren, Ky.  
 12. MAIDEN NAME OF MOTHER W. W. W. W.  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Barren, Ky.  
 14. PLACE OF BURIAL, CREMATION, OR REMOVAL Barren, Ky.  
 15. UNDERTAKER W. W. W. W.  
 16. ADDRESS Barren, Ky.  
 17. FILED 10/10/1961

17. I HEREBY CERTIFY that I attended deceased from 10/10/1961 to 10/10/1961 and that I last saw him alive on 10/10/1961 death occurred on the date stated above, at Barren, Ky.  
 18. DATE OF DEATH (MONTH, DAY AND YEAR) 10/10/1961  
 19. TIME OF DEATH 10:00 AM  
 20. PLACE OF DEATH Barren, Ky.  
 21. CAUSE OF DEATH Myocardial Infarction  
 22. OCCUPATION OF DECEASED None  
 23. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barren, Ky.  
 24. NAME OF FATHER W. W. W. W.  
 25. MAIDEN NAME OF MOTHER W. W. W. W.  
 26. PLACE OF BURIAL, CREMATION, OR REMOVAL Barren, Ky.  
 27. UNDERTAKER W. W. W. W.  
 28. ADDRESS Barren, Ky.  
 29. FILED 10/10/1961

30. OCCUPATION OF DECEASED None  
 31. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barren, Ky.  
 32. NAME OF FATHER W. W. W. W.  
 33. MAIDEN NAME OF MOTHER W. W. W. W.  
 34. PLACE OF BURIAL, CREMATION, OR REMOVAL Barren, Ky.  
 35. UNDERTAKER W. W. W. W.  
 36. ADDRESS Barren, Ky.  
 37. FILED 10/10/1961

38. OCCUPATION OF DECEASED None  
 39. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barren, Ky.  
 40. NAME OF FATHER W. W. W. W.  
 41. MAIDEN NAME OF MOTHER W. W. W. W.  
 42. PLACE OF BURIAL, CREMATION, OR REMOVAL Barren, Ky.  
 43. UNDERTAKER W. W. W. W.  
 44. ADDRESS Barren, Ky.  
 45. FILED 10/10/1961

Every item of information should be fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH EXACTLY. OCCUPATION should be stated EXACTLY. BIRTHPLACE should be stated EXACTLY. STATE OF BIRTH should be stated EXACTLY. PLACE OF DEATH should be stated EXACTLY. PLACE OF BURIAL, CREMATION, OR REMOVAL should be stated EXACTLY. UNDERTAKER should be stated EXACTLY. ADDRESS should be stated EXACTLY. FILED should be stated EXACTLY.

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Henry

Registration District No. 351

Township Deepwater

Primary Registration District No. 4208

City Deepwater

(No. \_\_\_\_\_, St. \_\_\_\_\_, Ward \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

**2. FULL NAME**

Ethel Armande Loun

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 9 10

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. 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_, 19 \_\_\_\_\_

19. UNDERTAKER (ADDRESS)

20. FILED 2-10 19 35 J. J. Russell Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him/her 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:

Myocardial infarction - started on left ovary (Date of onset \_\_\_\_\_)

Other contributory causes of importance: 49

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) \_\_\_\_\_, M. D.

(Address) \_\_\_\_\_

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
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.

MAR 26 1935

MAY 4 1934

1047