

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.

JUL 2 2 1935

19540

1. PLACE OF DEATH

County Henry
Township Windsor
City Windsor (No.)

Registration District No. 14
Primary Registration District No. 4211

File No.
Registered No. 17
St. Ward)

2. FULL NAME

Martha Lucinda Fink Lourey
(a) Residence, No. 103 west wash St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 6 mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Piotta Lou Lourey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 30 - 1875</u>		
7. AGE YEARS <u>39</u>	MONTHS <u>6</u>	DAYS <u>18</u>
If LESS than 1 day, hrs. or min.		

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

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

10. Date deceased last worked at this occupation (month and year) Total time (years) spent in this occupation 4.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Windsor, P. R. Pettis County,

13. NAME
Robert Fink

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

15. MAIDEN NAME
Sara Ellen Parker

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

17. INFORMANT (ADDRESS)
Piotta Lou Lourey

18. BURIAL, CREMATION, OR REMOVAL
PLACE Windsor DATE 6/20 1935

19. UNDERTAKER (ADDRESS)
W. A. ...

20. FILED June 20 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18 1935

22. I HEREBY CERTIFY, That I attended deceased from July 17 1934 to June 18 1935
I last saw her alive on August 15 1935. Death is said to have occurred on the date stated above, at 5:30 P.M.

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

Ulcerative Colitis Date of onset 1934

Other contributory causes of importance
Ulceration Bowels 1934

Name of operation none Date of ...
What test confirmed diagnosis? ✓ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ 1935

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) H. A. ... M. D.
(Address) Catharine MO

