

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

Do not use this space.

30342

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2 - 1922

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	14	2	24	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co

13. NAME Mary Lou Loughridge

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

15. MAIDEN NAME Lula Canaday

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

17. INFORMANT Mrs. Loughridge

18. BURIAL, CREMATION, OR REMOVAL PLACE

18. BURIAL, CREMATION, OR REMOVAL DATE 8/28 1936

19. UNDERTAKER (ADDRESS) W. H. Loughridge

20. FILED 8/26/36 W. H. Loughridge Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26 1936

I HEREBY CERTIFY that I attended deceased from Aug 25 to Aug 26 1936. I last saw him alive on Aug 25 1936. Death is said to have occurred on the date stated above, at 5:00 a.m. The principal cause of death and related causes of importance were as follows:

Acute Rheumatic fever
Rheumatism R leg

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. H. Loughridge, M. D.
(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.

