

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

Do not use this space.

**5740**

**1. PLACE OF DEATH**

County Montana  
Township Wether  
City California (No. \_\_\_\_\_)

Registration District No. 571  
Primary Registration District No. 4335

File No. \_\_\_\_\_  
Registered No. 12  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

Lula Blanche Dearing

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward California Mo  
(Usual place of abode) (If nonresident give city or town and State)

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

**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

Jim Dearing

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 9 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
33 3 7

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

92A  
950  
143B

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Mo

**10. NAME OF FATHER**

J. C. Francis

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Mo

**12. MAIDEN NAME OF MOTHER**

Allen

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Mo

**14.**

INFORMANT J. L. Dearing  
(Address) California Mo

**15.**

FILED Feb 18 1930 Jean Koth  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 16 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1930, to Feb 16, 1930 that I last saw him alive on Feb 16, 1930, and that death occurred, on the date stated above, at 5:30 P. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pregnancy - Baby born Feb 11 1930.  
L.F. (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Double Rheumatic mitral heart disease (duration) 5 yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

at home  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical  
(Signed) Edgar A. Tuttle, M. D.

Feb 17, 1930 (Address) California 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** DATE OF BURIAL

California Feb 18 1930

**20. UNDERTAKER** ADDRESS

J. M. ... California

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 28 1930

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