

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

Do not use this space.

FEB 27 1935

6132

1. PLACE OF DEATH

County Monroe Registration District No. 1095
Township Walter Moore Primary Registration District No. 3770
City (No) St. Ward

File No.
Registered No.

2. FULL NAME

Lala Carver
(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 <u>Female</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>Bert Carver</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 20 - 1890</u>		
7. AGE <u>44</u>	YEARS <u>10</u>	MONTHS <u>13</u>
		DAYS <u>.....</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3, 1935
22. I HEREBY CERTIFY, that I attended deceased from Jan 30, 1935, to Feb 3, 1935
I last saw alive on Feb 3, 1935 Death is said to have occurred on the date stated above, at 8.0 m.

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

Pneumonia
108
Other contributory causes of importance:
Date of onset

Name of operation..... 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..... 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) L. S. Hilborn, M. D.
(Address)

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

FATHER

13. NAME R. O. Stearn

MOTHER

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

15. MAIDEN NAME Doris Knau

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

17. INFORMANT Bert Carver
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marion Cem DATE 2/5, 1935

19. UNDERTAKER W. H. ...
(ADDRESS)

20. FILED 2/5, 1935 J. C. Martin Registrar.

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.

