

WRITE PLAIN, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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 25 1931

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

Do not use this space.

6242

1. PLACE OF DEATH
 59 County Livingston Registration District No. 5-15-
 Township Blue Mount Primary Registration District No. 5-684
 City Lawrence, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Lula Lora Groce Timbrook
 (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 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Timbrook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7, 1882

7. AGE YEARS 48 MONTHS 7 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
 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) Lawrence, Missouri 1

MOTHER FATHER 13. NAME Laura Groce
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. 2
 15. MAIDEN NAME Elizabeth Anderson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT Wm Timbrook
 (ADDRESS) Lawrence, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Crown DATE 2-26-31

19. UNDERTAKER B. F. Mead
 (ADDRESS) Braymont, Mo.

20. FILED Feb-26-31 Teressa A. Hayes
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24 1931

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1931, to July 24, 1931
 I last saw her alive on Feb 24, 1931. Death is said to have occurred on the date stated above, at 12:20 p.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
825
825
 Other contributory causes of importance _____

Name of operation None Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in 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? No
 If so, specify _____
 (Signed) G. W. Carpenter, M. D.
 (Address) White, Mo.

Date of onset
Feb 24
1931

