

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

Do not use this space.

1. PLACE OF DEATH

County ANDREW
Township EMPIRE
City..... (No.....)

Registration District No. 15
Primary Registration District No. 5018

File No. 38432
Registered No.
St. Ward)

2. FULL NAME VIRGINIA ANN LAFFOON

(a) Residence. No. KING CITY, MO. 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 FEMALE **4. COLOR OR RACE** WHITE **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) WIDOWED.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JOHN LAFFOON

6. DATE OF BIRTH (MONTH, DAY AND YEAR) FEB. 12, 1855

7. AGE YEARS MONTHS DAYS **IF LESS than 1 day, hrs. or min.**
75 10 3

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) PATTONSPURG
(STATE OR COUNTRY) MO.

10. NAME OF FATHER JOHN SEVERE

11. BIRTHPLACE OF FATHER (CITY OR TOWN) UNKNOWN.
(STATE OR COUNTRY) UNKNOWN

12. MAIDEN NAME OF MOTHER MARY THOMPSON

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) UNKNOWN
(STATE OR COUNTRY) UNKNOWN.

14. INFORMANT Mrs. Laffoon
(Address) Union Star,

15. FILED Dec 30 1930 B. C. Jefferson REGISTRAR
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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) DEC. 15, 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1930, to Dec 15, 1930, and that I last saw him alive on Dec 15, 1930, and that death occurred, on the date stated above, at 12:05 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
930 (duration) yrs. 21 mos. ds.
CONTRIBUTORY (SECONDARY) 900 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH!

19. DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. M. Reynolds, M. D.
12/15, 1930 (Address) Union Star 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 UNION STAR, CEMETERY. **DATE OF BURIAL** DEC. 16 1930

20. UNDERTAKER H. H. Wilson **ADDRESS** King City

WRITE PLAINLY 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.

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