

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

Do not use this space.

28876

1. PLACE OF DEATH  
32 County DEKALB. Registration District No. 5364  
Township POLK. Primary Registration District No. 262  
City (No. ) St. Ward

File No. 28876  
Registered No. \_\_\_\_\_

2. FULL NAME HULDA ANNA LAFFOON.  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. UNION STAR, MO.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 60 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) MARRIED.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 15, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
69 8

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) GOSHEN INDIANA.

13. NAME JOHN OTT.

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

15. MAIDEN NAME DELILIA DARR.

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

17. INFORMANT THOMAS LAFFOON. (ADDRESS) UNION STAR, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star DATE 9-17 1932

19. UNDERTAKER H.D. WILSON. (ADDRESS) KING CITY MO.

20. FILED 9/16 1932 E. M. Reynolds Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/15/32. 1932

22. I HEREBY CERTIFY, That I attended deceased from August, 7 1932 to September, 14 1932  
I last saw her alive on September 14 1932 Death is said to have occurred on the date stated above, at 3:30 A.M.

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

Carcinoma of stomach

116 B  
102  
89 A  
116 B

Other contributory causes of importance:

Cerebral hemorrhage induced by high blood pressure.

Date of onset Aug. 4 1932

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 1932

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) E. M. Reynolds D.O.M. D.  
(Address) UNION STAR, MO.

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.

ACT 25 1932

