

APR 2 1935

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

Do not use this space.

## 1. PLACE OF DEATH

County

Buchanan

Registration District No.

85

Township

Primary Registration District No.

1001

City

St. Joseph

(No.)

100 West 1st St

File No.

8187

Registered No.

360

St.

Ward

## 2. FULL NAME

Vera Laffoon

(a) Residence, No.

Union Block

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.

3

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)

Single

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

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

abt 1906

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ..... hrs. or ..... min.

abt 29

yrs

mos

days

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at home

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

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

Union Block Mo.

FATHER

13. NAME

Ben Laffoon

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

Do not know

MOTHER

15. MAIDEN NAME

Do not know

17. INFORMANT (ADDRESS)

R. G. Fogarty, 1119 E. 1st St

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Union Block Mo.

DATE

3-29-35

19. UNDERTAKER (ADDRESS)

St. Joseph 27th St. Joseph

20. FILED

3-28

19. 35

John R. Bender Registrar

## MEDICAL CERTIFICATE OF DEATH

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

Mar. 27 1935

22. I HEREBY CERTIFY, That I attended deceased from

Mar 26 1935, to Mar 27 1935

I last saw ~~her~~ alive on Mar 27, 1935. Death is said

to have occurred on the date stated above, at 10:30 P.M.

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

meningitis acuta  
pneumococci  
(non epidemic)

Date of onset

abt

3-25-35

Other contributory causes of importance:

Diabetes Mellitus  
nephritis chr.

1926

1931

Name of operation

none

Date of

What test confirmed diagnosis? Exp. Lab. 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? No

If so, specify

(Signed) E. M. Stokes

M. D.

(Address) 317 Kirkpatrick Bldg.

St. Joseph 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.

STATE BOARD OF HEALTH WITH CHANGING METHODS IS A PERMANENT RECORD

