

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

1 PLACE OF DEATH
County Laclede
Township
or
Village
or
City Laboron (NO. St. Ward)

Registration District No. 449 File No. 31587
Primary Registration District No. 4267 Registered No. 478

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Louisa Bury

PERSONAL AND STATISTICAL PARTICULARS

1 MEDICAL CERTIFICATE OF DEATH

3 SEX F 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED OR DIVORCED Widowed
(Write the word)

16 DATE OF DEATH Sept 24 1916
(Month) (Day) (Year)

6 DATE OF BIRTH July 13 1893
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from July 31 1916 to Sept 24 1916, that I last saw her alive on Sept 23 1916, and that death occurred, on the date stated above, at 3:45 a.m.

7 AGE 83 yrs. 2 mos. 11 ds. If LESS than 1 day.....hrs. or.....min.?

THE CAUSE OF DEATH* was as follows:

Chronic Dysentery
13-0
1-4 (Duration).....yrs. 1 mos. 24 ds.

8 OCCUPATION (a) Trade, profession, or particular kind of work..... (b) General nature of industry business, or establishment in which employed (or employer).....

CONTRIBUTORY (Secondary)..... (Duration).....yrs.mos.ds.

9 BIRTHPLACE (City or town, State or foreign country) Germany

(Signed) J. A. McCoub M. D. 9/30 1916 (Address) Laboron Mo.

PARENTS 10 NAME OF FATHER John Bury 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany 12 MAIDEN NAME OF MOTHER Not known 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) R. Palmer (Address) Laboron Mo.

At place of death.....yrs.mos.ds. In the State.....yrs.mos.ds. Where was disease contracted if not at place of death? Former or usual residence.....

15 Filed 9/30 1916 J. M. Bellamy Registrar

19 PLACE OF BURIAL OR REMOVAL St. George Hall Burial DATE OF BURIAL Sept 25 1916 20 UNDERTAKER R. Palmer ADDRESS Laboron

N. B.—Every item of information should be carefully supplied. A fee 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.

