

JUN 27 1927

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

Do not use this space.
15500

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. _____
Township _____ Primary Registration District No. 202 Registered No. 269
City Jasper (No. Freeman Hospital) (Ward)

2. FULL NAME

Charles W Laudrum
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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 18 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 9 13

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work mining
(b) General nature of industry, business, or establishment in which employed (or employer) operator
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Audobon
(STATE OR COUNTRY) Iowa

10. NAME OF FATHER Thos Laudrum

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

12. MAIDEN NAME OF MOTHER no record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) no record

14. INFORMANT W T Laudrum
(Address) Baxter Spgs Kas

15. FILED 6/27 1927 W Benner REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-31-27

17. I HEREBY CERTIFY That I attended deceased from May 16 to 5-31-27
That I last saw him alive on 5-31-27 and that death occurred, on the date stated above, at 1302 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Uremic Poisoning
Complicating Diabetes Mel.
and following hypertrophied
prostate (duration) 10 yrs. mos. da.

CONTRIBUTORY (SECONDARY) Stated above
(duration) _____ yrs. mos. da.

18. WHEN WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? not known

DID OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) A H Miller M. D.
Address Jasper 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 Farmers Park DATE OF BURIAL 6/2/27

20. UNDERTAKER Hurlburt & Co ADDRESS Jasper Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 6 1956

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(7)

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