

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

Do not use this space.

27478

1. PLACE OF DEATH

County Jackson
Township Ram
City Manassas City

Registration District No. 399
Primary Registration District No. 1007

File No. 1031
Registered No. 1031
St. _____ Ward _____

2. FULL NAME

Lora Sexton
(e) Residence, No. 2403 Flora St., 12 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 Fe 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home 93
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Unk.

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) MO

14.

INFORMANT Birdie Payne
(Address) 1816 S. 1st

15.

FILED 10/3 27 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/28 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 10th 1927, to Sept 28 1927 that I last saw her alive on Sept 27 1927, and that death occurred, on the date stated above, at 12:10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1245
Myocarditis + Mitral Insufficiency?
(duration) ? yrs. mos. ds.

CONTRIBUTORY

(SECONDARY) Arteriosclerosis (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physic. Lab. Exam.
(Signed) D.H. Bruce, M.D.

(Address) 1578 E. 18th St.
*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

DATE OF BURIAL

Westlawn Cem 10/3 1927

20. UNDERTAKER

ADDRESS

Watkins Bros 1729 Lydia

R. 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

