NOV 26 1927

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

Do not use this space.

30752

1. PLACE OF DEATH

County Jefferson — Registration District No. 421 — File No.

Township ~~Joachim~~ — Primary Registration District No. 4249 — Registered No. 68

City Festus Mo (No. ..... St. ..... Ward)

2. FULL NAME Josephine LaRose

(a) Residence. No. Festus Mo 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. 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): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 14-1848

7. AGE: Years 79 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bloomsdale (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Alex Maurice

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Bloomsdale Mo

12. MAIDEN NAME OF MOTHER E Garno

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St Genne Mo

14. INFORMANT Chance LaRose (Address) Festus Mo

15. FILED 10/17, 1927 J E Rutledge REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 14, 1927

17. I HEREBY CERTIFY, That I attended deceased from July 2, 1927, to Oct 14, 1927 that I last saw her alive on Oct 14, 1927, and that death occurred, on the date stated above, at 8 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular Heart Lesion

12 H

90A 97

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Arterial Sclerosis.

(duration) 10 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? 1

DID AN OPERATION PRECEDE DEATH? No DATE OF none

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) Norval W. Jones, M. D

10/15, 1927 (Address)

*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: Festus Mo — DATE OF BURIAL: Oct 16 1927

20. UNDERTAKER: Duesler & Vinyard — ADDRESS: Festus 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.

PERMANENT RECORD