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

Do not use this space.

36383

File No. 1

Registered No. 16

1. PLACE OF DEATH
County: Crawford
Township: Boom
City: ..... (No. ..... St. ..... Ward)
Registration District No. 229
Primary Registration District No. ~~2139~~ 5211

2. FULL NAME: Laverne Wilma Koerner

(a) 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. 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): —

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 12 - 13 - 27

7. AGE: Years — Months — Days — If LESS than 1 day, 9 hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Bourbon Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER: Edward Koerner
11. BIRTHPLACE OF FATHER (CITY OR TOWN): ..... (STATE OR COUNTRY): St Louis Mo
12. MAIDEN NAME OF MOTHER: Edna Jacklins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): ..... (STATE OR COUNTRY): St Louis Mo

14. INFORMANT: Edward Koerner
(Address): Bourbon Mo

15. FILED: 12/13 27, 19 ..... W. Lindenberg
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12 - 13 - 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1927, to Dec 13, 1927, that I last saw h. alive on Dec 13, 1927, and that death occurred, on the date stated above, at 11 - A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Failure of Pulmonal circulation in the lungs.
Duration of life 9 hrs.
157C (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) persistant Ductus Arteriosus, at birth. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Examination
(Signed) R. P. Rogers, M. D
, 19 (Address) Bourbon 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: Bourbon Cemetery — DATE OF BURIAL: 12/14 1927
20. UNDERTAKER: W. Lindenberg — ADDRESS: Bourbon Mo

NOTE—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.