

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

Do not use this space.

37073

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. \_\_\_\_\_  
 Township New Primary Registration District No. 1002 Registered No. \_\_\_\_\_  
 City W. L. Mo. (No. 1605, Bristol) St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

Quida Clarisse Trabant  
 (a) Residence. No. 1605 Bristol Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. 1 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 W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alva Trabant  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 26 - 1900  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
27 2 0

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

9. BIRTHPLACE (CITY OR TOWN) Admire  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER William P. Laffoon  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Candy  
 (STATE OR COUNTRY) Mo.  
 12. MAIDEN NAME OF MOTHER Eldora Yockey  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Blue Springs  
 (STATE OR COUNTRY) Missouri

14. INFORMANT Eldora Laffoon  
 (Address) 1605 Bristol

15. FILED 12/27, 27 M. M. Crowe  
 REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 26 1927  
 17. I HEREBY CERTIFY, That I attended deceased from Dec 20 1927, to Dec 26, 1927  
 that I last saw him alive on Dec 26, 1927, and that death occurred, on the date stated above, at 5:45 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Streptococcus Infection  
140  
36 (duration) yrs. mos. 14 ds.  
 CONTRIBUTORY Abortion, self induced  
 (SECONDARY) (duration) yrs. mos. 18 ds.

18. WHERE WAS DISEASE CONTRAICTED  
 IF NOT AT PLACE OF DEATH. 140

DID AN OPERATION PRECEDE DEATH. DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY. \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS.  
 (Signed) P. T. St. Clair, M. D.  
11/27, 1927 (Address) 5242 St. John

\*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 Burton Mo DATE OF BURIAL Dec 29, 27

20. UNDERTAKER Rose & Co. ADDRESS 15th Jackson

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.

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Dr. St. Paul