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

Do not use this space.

File No. 13446

1. PLACE OF DEATH

County: Jackson Registration District No.: 508

Township: Raw Primary Registration District No.: 50 (8)

City: K C Mo (No. Gregg Hospital St. Ward)

Registered No.: 1119

PERSONAL AND STATISTICAL PARTICULARS

Name: Mamie Blanche La Rue

(a) Residence. No. 3821 Brooklyn St., 11 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.

3

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Fe	Wh	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Theo R La Rue

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 3 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	4	16	

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):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Wash
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER: Isaac McGraham

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

12. MAIDEN NAME OF MOTHER: Mary Cannon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Kansas
(STATE OR COUNTRY)

14. INFORMANT: Theo R La Rue
(Address): 3821 Brooklyn

15. FILED: 4-20, 1928 M. M. Crosline, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 19 1928

17. I HEREBY CERTIFY, That I attended deceased from April 11, 1928, to April 19, 1928, that I last saw h. alive on April 17, 1928, and that death occurred, on the date stated above, at 6:10 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Embolism
Acute Appendicitis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF April 19-28

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W Marsey Jones, M. D

4-19, 1928 (Address) Kansas City Kan

*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
Spokane Wash.	4-20 1928

20. UNDERTAKER	ADDRESS
Mrs C. L. Forster	K C 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.