

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

Do not use this space.

1928

14044

X

1. PLACE OF DEATH

County Manion
 Township Manion
 City Hannibal (No.)

Registration District No. 547
 Primary Registration District No. 3079

File No.
 Registered No. 88 (Word) 6

2. FULL NAME

Elizabeth La vos
 (a) Residence. No. 106 Broadway St. 6 Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3, 1881

7. AGE: YEARS 46 MONTHS 8 DAYS 30 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ~~Millinery~~
 (b) General nature of industry, business, or establishment in which employed (or employer) Millinery
 (c) Name of employer

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

10. NAME OF FATHER Peter La vos

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

12. MAIDEN NAME OF MOTHER Mary Arnold

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

14. INFORMANT Mrs Frank M. Dinters
 (Address) Hannibal Mo

15. FILED 46 19 28 6 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April - 2 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 1922 to Apr 2 1928 that I last saw him alive on Apr 2 1928, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma, stomach
ulcer stomach
 (duration) 2 yrs. mos. da.

CONTRIBUTORY (SECONDARY) ulcer stomach
 (duration) 2 yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF Jan. 28

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? General am to autopt
 (Signed) A. L. Dantes, M. D.
 , 19 (Address) Hannibal 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 St. Mary Rectory DATE OF BURIAL 4 - 9 - 1928

20. UNDERTAKER James Donnell ADDRESS Hannibal Mo

K. 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 PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

