

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

Do not use this space.

1. PLACE OF DEATH

County Holt  
Township Sicklery  
City (No. )

Registration District No. 375  
Primary Registration District No. 0027

File No. 23634  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mary C. Lauchs  
(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 15 1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
79 2 28

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Oregon  
(STATE OR COUNTRY) no.

10. NAME OF FATHER Barney Kunkel

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

12. MAIDEN NAME OF MOTHER Kathrine Seere

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

14. INFORMANT Chas Lauchs  
(Address) Monmouth City Mo

15. FILED July 15 1928 Edith Lenth  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13 1928

17. I HEREBY CERTIFY That I attended deceased from Nov 12 1928, to July 13 1928 that I last saw her alive on July 13 1928 and that death occurred, on the date stated above, at 8 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Senile Jaundice  
Arterio Sclerosis  
Senile  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no. DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) F. E. Hoag M. D.

Address Monmouth City 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 DATE OF BURIAL

United Brethren Church 7/15 1928

20. UNDERTAKER Calliford Crawford ADDRESS Monmouth City

Every item of information 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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