

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

Do not use this space.

24338

1. PLACE OF DEATH

County Levis

Registration District No. 480

Township La Grange, Mo.

Primary Registration District No. 4289

City La Grange, Mo.

(No. _____)

File No. _____

Registered No. 19

St. _____ Ward _____

2. FULL NAME Mary A. Catlett

(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 OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 19th 1847

7. AGE

YEARS 80

MONTHS 6

DAYS 13

IF LESS than 1 day, _____ hrs. or _____ min.

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) Scotland County
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Charles Laswell

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

12. MAIDEN NAME OF MOTHER Sheckles

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known
(STATE OR COUNTRY)

14. INFORMANT Mrs. H. W. Coffman
(Address) La Grange, Mo.

15. FILED 7/3, 1928 W. S. Ellery
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1928, to July 2, 1928 that I last saw her alive on July 1, 1928, and that death occurred, on the date stated above, at 4:42 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Central Apoplexy
829
826

CONTRIBUTORY (SECONDARY) Central Hemorrhage

18. WHERE WAS DISEASE CONTRACTED 7401

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. S. Ellery, M. D.

, 19 (Address) Centore 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

Midway, Clark County, Mo. July 3 1928

20. UNDERTAKER

A. A. Roberts

ADDRESS

La Grange, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state

