

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

Do not use this space.

31183

**1. PLACE OF DEATH**

County New Madrid  
Township W  
City Libourne (No. ....)

Registration District No. 604  
Primary Registration District No. 5802

File No. 631  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Lera Labdell

(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 Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Felix Labdell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-13-1901

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
	<u>27</u>	<u>6</u>	<u>17</u>	

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Miss  
(STATE OR COUNTRY)

10. NAME OF FATHER John Barron

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

12. MAIDEN NAME OF MOTHER Lula Barron

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

14. INFORMANT Felix Labdell  
(Address) Libourne MO

15. FILED 9/5/1928 W. W. Barron  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 1<sup>st</sup> 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept. 1<sup>st</sup> 1928 to Sept. 1<sup>st</sup> 1928 that I last saw h. .... alive on Aug 29<sup>th</sup> 1928, and that death occurred, on the date stated above, at 6:30 m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Heart failure  
117A  
117A  
CONTRIBUTORY (SECONDARY) 117A  
(duration) .... yrs. .... mos. .... ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Specimen  
(Signed) R. O. Wiley M. D.  
, 19 (Address) Libourne MO

\*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Tanneil Tinsell Cemetery DATE OF BURIAL Sept 2 1928

20. UNDERTAKER Richard Lind Co. ADDRESS New Madrid 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.

