JAN 2 3 1929 Dr. [illegible] Jr.

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

Do not use this space.

41402

1. PLACE OF DEATH
County Jefferson
Township Valle
City DeSoto (No. ..... St. ..... Ward)

Registration District No. 420
Primary Registration District No. 3022

File No. .....
Registered No. 145

2. FULL NAME Laura Jane Townson

(a) Residence. No. 705 Flucom Rd 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 Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep 28 - 1874

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
54	2	29	

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) Flat River
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER John Keaton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Francis Co
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Ransom
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

14. INFORMANT Wm. G. Townson
(Address) DeSoto Mo

15. FILED 1/18, 1928 D L Rauggly REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 17 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1928, to Dec 17, 1928 that I last saw her alive on Dec 17, 1928, and that death occurred, on the date stated above, at 10 25 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia (Lobular)
107A
130
1000
(duration) 0 yrs. 0 mos. 7 ds.

CONTRIBUTORY (SECONDARY)
Acute nephritis (duration) 0 yrs. 3 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? usual clinical
(Signed) Walter E Gibson Jr, M. D
, 19 (Address) DeSoto 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 Valle Mines Mo
DATE OF BURIAL Dec 20 1928

20. UNDERTAKER R. Coxwell & Son
ADDRESS DeSoto, 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.