

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

Do not use this space.

43401-a

1. PLACE OF DEATH

County Scotland
Township Jefferson
City Berlin

Registration District No. 810
Primary Registration District No. 6055

File No. _____
Registered No. 9
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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)

Dec 6 1928

7. AGE

YEARS

MONTHS

DAYS

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

X

X

11

8. OCCUPATION OF DECEASED

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

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

Scotland County Missouri

10. NAME OF FATHER

Paul Lara

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

Baring, Mo.

12. MAIDEN NAME OF MOTHER

Lena Paris

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

Scotland County

14.

INFORMANT (Address)

Paul Lara Memphis Mo.

15.

FILED

2/5/29 E. E. Farish REGISTRAR

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

Dec. 17 1928

17.

HEREBY CERTIFY, That I attended deceased from Dec. 6, 1928, to Dec. 15, 1928, that I last saw her alive on Dec. 15, 1928, and that death occurred, on the date stated above, at 1:05 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

marasmus

150

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (SECONDARY)

160

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 Did an operation precede death? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Frank H. Lee, M. D.

12 18, 1928 (Address) Memphis 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

Camp Ground

12/18/1928

20. UNDERTAKER

ADDRESS

H. H. Payne Sons

Memphis

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.

1928

