later

JAN 28 1929

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

Do not use this space.

5-194-C

File No. 9271 B

Registered No. 135

1. PLACE OF DEATH

County Vernon — Registration District No. 875

Township — Primary Registration District No. 2539

City Nevada (No. ..., ..., St. ..., Ward)

2. FULL NAME Lavina Courtney

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 4 1849

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
89	8	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper

(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) Ohio

PARENTS

10. NAME OF FATHER W. Wolford

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

12. MAIDEN NAME OF MOTHER Amelia —

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

14. INFORMANT Mrs Zaba Brunk
(Address) E. St Louis Mo.

15. FILED 6/7/1929 E R King, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) ~~1/15~~ 2-8-1929 1929 Feb 1929

17. I HEREBY CERTIFY, That I attended deceased from 1/18, 1929, to 2/8, 1929, that I last saw h... alive on 1/25, 1929, and that death occurred, on the date stated above, at 12:18 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carbuncle Stomach
97 A

(duration) ... yrs. 3 mos. ... ds.

CONTRIBUTORY (SECONDARY) ...
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED ...
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) J M Yates, M. D
1/15, 1929 (Address) Nevada 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 Blakely Cemetery — DATE OF BURIAL Feb 10 1929

20. UNDERTAKER Allen V Hayes — ADDRESS Nevada Mo.

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

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Jan 1929

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

9271-B

1. PLACE OF DEATH

County Vernon — Registration District No. 875 — File No. [illegible]

Township ..... — Primary Registration District No. 3029 — Registered No. .....

City Nevada (No. ....., ... St. ..... Ward)

2. FULL NAME Lavina Courtney

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F	W	W

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, ...

9. PARENTS

You state you attended deceased from Jan 15 to Feb 8 - and date of death is Jan 15. Buried Feb 10. Kindly sign and return.

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

14. INFORMANT .....
(Address)

15. FILED 6-7-, 1929 E. R. King, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 8 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1929 to Feb. 8, 1929 that I last saw her alive on February, 1929, and that death occurred, on the date stated above, at 8 Feb. 4 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

.....

.....

.....(duration)..... yrs. ..... mos. ..... ds.

CONTRIBUTORY
(SECONDARY)

.....(duration)..... yrs. ..... mos. ..... ds.

HERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

D AN OPERATION PRECEDE DEATH? ..... DATE OF .....

AS THERE AN AUTOPSY? .....

HAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. M. Yater, M. D

, 19 (Address) Nevada, 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
	Feb. 10, 1929
20. UNDERTAKER Allen V. Hays	ADDRESS

CAUSE OF ... information should be ... supplied ... in plain terms, so that it may be properly classified. ... that ... of OCCUPATION ... important.

REGISTRAR ... NOT RECEIVE A FEE FOR CERTIFICATES UNTIL ... ARE COMPLETE AS PRESCRIBED BY LAW

PRESENTATION