

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

Do not use this space.

The Ravensway
10048
File No. _____
Registered No. **4239**
St. _____ Ward)

1. PLACE OF DEATH

County *Leavenworth*
Township _____
City *Boonville* (No. _____)

Registration District No. *218*
Primary Registration District No. *3015*

2. FULL NAME

Mrs Laura Mitchell
(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

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) *Oct 18-1850*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<i>78</i>	<i>4</i>	<i>18</i>	

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)

(STATE OR COUNTRY) *Wisconsin*

10. NAME OF FATHER *Ben Turman*

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

12. MAIDEN NAME OF MOTHER *Mary Miller*

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

14. INFORMANT *Mrs Vic Leolia*
(Address) *Boonville, Mo*

15. FILED *Mar 18 1929* *J R Smiley* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *March 8 1929*

17. I HEREBY CERTIFY, That I attended deceased from *March 4* 1929, to *March 8* 1929, that I last saw him alive on *March 4* 1929, and that death occurred, on the date stated above, at *9 p* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Insufficiency of coronary arteries by chronic myocarditis

93 C
95 B (duration) *2* yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *NO* (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? *No* DATE OF _____

20. WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS *clinical*
(Signed) *Herb R. ...* M. D.

3. 11 1929 (Address) *Boonville, 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 *Walnut Grove Bur.* DATE OF BURIAL *March 10 1929*

20. UNDERTAKER *Goodman & Bolter* ADDRESS *Boonville 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.

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