

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

Do not use this space.

27584

1. PLACE OF DEATH
 County Howell Registration District No. 3824
 Township Howell Primary Registration District No. 4727
 City West Plains (No.) St. Ward)

2. FULL NAME Vera Lasater McCann
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. ~~Married~~ WIDOWED, ~~.....~~
 (OR) WIFE OF Roy McCann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 23, 1902

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>27</u>	<u>2</u>	<u>24</u>		

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Deputy Co. Clerk
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

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

10. NAME OF FATHER James William Lasater

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

12. MAIDEN NAME OF MOTHER Anna A Cull

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

14. INFORMANT Mrs Anna A Lasater
 (Address) West Plains Mo.

15. FILED 8-23-29 O.P.A. Heinrich
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 17, 1929

17. I HEREBY CERTIFY, That I attended deceased from June 15th, 1929 to Aug - 17, 1929 that I last saw h. alive on Aug 17, 1929, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Typhoid fever
 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Broncho pneumonia
 (duration) yrs. mos. da.

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? Rindal
 (Signed) R. H. O'Connell, M. D.
8-23-29 (Address) West Plains 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 Oak mound Cem. DATE OF BURIAL Aug. 19 - 1929
 20. UNDERTAKER Geo. Slapp ADDRESS West Plains Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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 44
 46

