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

Do not use this space.

28737

1. PLACE OF DEATH
County: St Francois
Township: Pandleton
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 773
Primary Registration District No. 6029

File No. .....
Registered No. 116

2. FULL NAME: Laura Virginia Taplin

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 31 1929

7. AGE: Years 0 | Months 0 | Days 10 | 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, business, or establishment in which employed (or employer): ✓
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Doe Run Mo

PARENTS
10. NAME OF FATHER: Wm Taplin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Arcola Ill
12. MAIDEN NAME OF MOTHER: Daisy Norton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Salem Ill

14. INFORMANT: Wm Taplin
(Address): Doe Run

15. FILED Aug 10 1929 B. J. Robinson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 10 1929

17. I HEREBY CERTIFY, That I attended deceased from July 31, 1929, to Aug 10, 1929 that I last saw h. w. alive on Aug 3, 1929, and that death occurred, on the date stated above, at 7 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth

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

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Fact
(Signed) Geo L Watkins, M. D.
Aug 10, 1929 (Address) Harmony

*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: Doe Run Cemetery at Doe Run
DATE OF BURIAL: Aug 11 1929

20. UNDERTAKER: Caldwell Bros.
ADDRESS: Flat River

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.