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

Do not use this space.

37011

1. PLACE OF DEATH

County: Iron — Registration District No.: 391

Township: ~~[illegible]~~ — Primary Registration District No.: 4230

City: Ironton (No. ..... St. ..... Ward)

File No. .....

Registered No. 57

2. FULL NAME Laura Sue Whitworth

(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 45 yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 23, 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	71	10	23	

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) Jacksonport, Ark
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER James W. Jones

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

12. MAIDEN NAME OF MOTHER Savannah Pryne

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

14. INFORMANT James M. Whitworth
(Address) Ironton, Missouri.

15. FILED 11/16 1929 R. A. Rasche
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Nov 16 – 1929, to Nov 16 – 1929, that I last saw h. alive on Nov 16 – 1929, and that death occurred, on the date stated above, at 12:01 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) None

(duration) — yrs. — mos. — ds.

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? —

(Signed) J. H. Martin, M. D.

Nov 16, 1929 (Address) Ironton, 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: Marcia Cemetery — DATE OF BURIAL: 11/17 1929

20. UNDERTAKER: S. E. Bond — ADDRESS: Ironton Mo