

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

Do not use this space.

39697

1. PLACE OF DEATH

County..... Buchanan Registration District No. 82
 Township..... Marion Primary Registration District No. 5123
 City..... SEYMOUR, (No. 2 miles No. of Easton, Mo.) St. Ward)

File No. 12
 Registered No. 12

2. FULL NAME

Henry John Lau

(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 23 yrs. mos. ds. How long in U. S., if of foreign birth? 43 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May, 30, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 6 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Farmer
 (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) Mantau, Germany

10. NAME OF FATHER Henry J. Lau

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

12. MAIDEN NAME OF MOTHER Caroline Bork

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

14. INFORMANT..... Mrs. Marie Lau
 (Address) Easton, Mo.

15. FILED 1/10 19 20 D. E. Biggs REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec, 14, 1929 19 29

17. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1929, to Dec 14, 1929 that I last saw h. im. alive on Dec 13, 1929, and that death occurred, on the date stated above, at 3.00 P.M. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Myocarditis

CONTRIBUTORY (SECONDARY) Embolism of leg (duration) 2 yrs. mos. ds. 9 ds.

18. WHERE WAS DISEASE CONTRACTED (IF NOT AT PLACE OF DEATH) 700 B (duration) 9 yrs. mos. ds.

DID AN OPERATION PRECEDE DEATH? no DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? clinical (Signed) Austin A. Law, M. D.

12/16/1929 (Address) Kirkpatrick Bldg
 *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 Memorial Park Cemetery DATE OF BURIAL Dec, 16, 1929

20. UNDERTAKER Walter Meisner ADDRESS 1302 Faraon St.

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

