

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

Do not use this space.

20466  
~~20564~~

12345

**1. PLACE OF DEATH**

County St. Genevieve Registration District No. 780  
Township " " Primary Registration District No. 4466  
City St. Genevieve (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward)

File No. \_\_\_\_\_  
Registered No. 38

**2. FULL NAME**

Louise C. LaRose  
(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 27 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John LaRose

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 15 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, _____ hrs. or _____ min.
	<u>67</u>	<u>9</u>	<u>5</u>	

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) House keeping  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Blairstown  
(STATE OR COUNTRY) St. Genevieve County Mo

10. NAME OF FATHER John Daurig

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Illinois  
(STATE OR COUNTRY) Randolph County

12. MAIDEN NAME OF MOTHER Daisila Boyer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Washington County

14. INFORMANT John LaRose (Address) St. Genevieve Mo

15. FILED June 22 1930 T.W. Douglas REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

3  
16. DATE OF DEATH (MONTH, DAY AND YEAR) June 20 - 1930  
17. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1929, to JUNE 20, 1930 that I last saw him alive on JUNE 18, 1930, and that death occurred, on the date stated above, at 4:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
131  
Myocarditis - chronic 936  
Nephritis Chronic 1203  
about (duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Enteritis Chronic  
about (duration) 2 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 WAS THE CONFIRMED DIAGNOSIS? St. Genevieve  
(Signed) Arthur E. ... M. D.

JUNE 23 1930 (Address) St. Genevieve 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 Valley Spring Cemetery DATE OF BURIAL June 22 1930

20. UNDERTAKER John Beck ADDRESS St. Genevieve Mo

PRINTED WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

