DEC 22 1930

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

Do not use this space.

35983

File No.

Registered No. 26

1. PLACE OF DEATH

County Pewell

Registration District No. 383

Township Greenberry

Primary Registration District No. 3334

City Mt Vernon Mo. (No. ..... St. ..... Ward)

2. FULL NAME Laura A Flood

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

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 T. H. Flood

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 5 - 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	61	3	14	

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) .....
(STATE OR COUNTRY) Tenn.

PARENTS

10. NAME OF FATHER Wm H Morgan

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

12. MAIDEN NAME OF MOTHER Sarah Medlin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Not Known

14. INFORMANT T. H. Flood
(Address) Mt Vernon Mo.

15. FILED 12-3, 19 30 G. F. Goode
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 19 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov - 11 - 1930, to Nov - 19 - 1930, that I last saw her alive on Nov - 19 - 1930 and that death occurred, on the date stated above, at 10:30 A m.

11A THE CAUSE OF DEATH* WAS AS FOLLOWS:

11B Asthma - Cancer of the liver - (duration) 10 yrs. 6 mos. 6 ds.

CONTRIBUTORY (SECONDARY) Flu (duration) ..... yrs. ..... mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED Place of death

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? No DATE OF Nov - 14 - 30

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical

(Signed) T. E. Bell, M. D.

, 19 (Address) Mt Vernon 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	DATE OF BURIAL
Mt Vernon Mo.	Nov 20 1930

20. UNDERTAKER	ADDRESS
J. F. Lemmon	Mt Vernon 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.