74

JAN 22 1931

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

Do not use this space.

39868

1. PLACE OF DEATH
County Jefferson — Registration District No. 421 — File No.
Township — Primary Registration District No. 4249 — Registered No. 111
Festus Mo (No. , St. Ward)

2. FULL NAME Mary Hafner
(a) Residence. No. Festus Mo 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): Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 20-1876

7. AGE: Years 54 — Months 7 — Days 6 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): None
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France

PARENTS
10. NAME OF FATHER: John Lafoufe
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): France
12. MAIDEN NAME OF MOTHER: Mary Daniels
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): France

14. INFORMANT: Ivan Aufuchon
(Address) Festus Mo

15. FILED 12/27, 1930 J E Rutledge REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 26 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1930, to Dec. 26, 1930 that I last saw her alive on Dec. 26, 1930, and that death occurred, on the date stated above, at 12:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia.
(left upper lobe - delayed resolution)
106A
108 (duration) yrs. mos. 20 ds.

CONTRIBUTORY (SECONDARY) Bronchitis, acute, preceding the pneumonia. (duration) yrs. mos. 24 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? Clinical, X-ray + laboratory.
(Signed) John F. Rutledge, M. D.
12/27, 1930 (Address) Crystal City, 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: Festus Mo — DATE OF BURIAL: Dec 28 1930

20. UNDERTAKER: Duester & Vineyard — ADDRESS: Festus Mo

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.