

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.

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

Do not use this space.

MAR 28 1931

6622 # 11
File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH
87 County Pike
1 Township Cass
1 City Bowling Green (No. _____)
2. FULL NAME Laura E. Mix
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

684
Registration District No. _____
4408
Primary Registration District No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED NUMBER OF (OR) WIFE OF John C. Mix (Deed)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8 - 1849
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 81 7 6
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 181
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 194
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo
13. NAME Wm Southard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York
15. MAIDEN NAME Rebecca Southard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York
17. INFORMANT May Mix
(ADDRESS) Bowling Green Mo
18. BURIAL, CREMATION, OR REMOVAL
PLAC Bowling Green DATE 2/16 31
19. UNDERTAKER W. B. C. Emory
(ADDRESS) Bowling Green Mo
20. FILED 3110 3 Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14 1931
22. I HEREBY CERTIFY, That I attended deceased from 2-13 1931 to 2-14 1931
I last saw h. son alive on 2-13 1931. Death is said to have occurred on the date stated above, at 5:00 a.m.
The principal cause of death and related causes of importance were as follows:
Apoplexy
Date of onset Feb. 13 1931
Other contributory causes of importance:
Fractured hip at time of fall from Apoplexy
Name of operation none Date of _____
What test confirmed diagnosis? none Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? Home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J. H. W. Cooper, M. D.
(Address) Bowling Green MO

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