

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

Do not use this space.

16980.

1. PLACE OF DEATH
 County Adair Registration District No. 4
 Township _____ Primary Registration District No. 3001
 City Keokuk (No. Laughlin Hosp - St. _____ Ward _____)

2. FULL NAME Laura Miner
 (a) Residence No. Laughlin Hospital St. _____ Ward 1500 Sumner St Burlington
 (Usual place of abode) (If nonresident, give city or town and State) Iowa
 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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. E. Miner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-21-1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>67</u>	<u>5</u>	<u>14</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife 235
 (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) Missouri

10. NAME OF FATHER Newton Harris

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

12. MAIDEN NAME OF MOTHER Ellen Harris

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

14. INFORMANT C. E. Miner
 (Address) 1500 Sumner Burlington

15. FILED 5/15, 1931 Mrs C.H. Beck
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 10 1931

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1931, to May 10, 1931, that I last saw her alive on May 10, 1931, and that death occurred, on the date stated above, at 4 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Rectum

46 d (duration) 2 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 46 d (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____ IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF May 2

WAS THERE AN AUTOPSY? (3)

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Arthur Fairbank M.D.
 19 _____ (Address) Keokuk Iowa

*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 Aspen Grove DATE OF BURIAL 5-12-1931

20. UNDERTAKER Dee Riley ADDRESS Keokuk

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.

JUN 24 1931

RECORD

Important
to be

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