

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

Do not use this space.

18534

File No. 7
Registered No. 13
St. _____ Ward)

1. PLACE OF DEATH

55 County Laurens
Township Pierce
City _____ No. _____

Registration District No. 471
Primary Registration District No. 5634

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ed Gaydon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 15, 1890</u>		
7. AGE	YEARS	MONTHS
	<u>40</u>	<u>8</u>
		DAYS
		<u>18</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>2 3/4</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) <u>Laurens Co</u> (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>Neal Boucher</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Laurens Co</u> (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Sora Whaley</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Laurens Co</u> (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Ed Gaydon</u> (ADDRESS) <u>Rt 710 Mount Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Liberty</u> DATE <u>5/5</u> 19 <u>31</u>		
19. UNDERTAKER <u>Callaway</u> (ADDRESS) <u>Mount Mo</u>		
20. FILED <u>7/3</u> 19 <u>31</u> <u>H Rose Clark</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 1931

22. I HEREBY CERTIFY, That I attended deceased from April 25 1931, to May 3 1931
I last saw her alive on April 25 1931. Death is said to have occurred on the date stated above, at 104 m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset _____

Other contributory causes of importance: (1)

Name of operation None Date of _____

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (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? Yes
If so, specify EB Wright, M. D.
(Signed) _____ (Address) Wilder City, 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.

JUN 27 1931

