

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

Do not use this space.

18984

17

1. PLACE OF DEATH

County Palo Alto
Township Perry
City Perry (No. _____) St. _____ Ward _____

Registration District No. 727
Primary Registration District No. 4433

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. _____ St., _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 88 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florence LaDue

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/16/1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 7 11 20

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Automobile Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Artistic & chemical
10. Date deceased last worked at this occupation (month and year) 2 years 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER FATHER
13. NAME John LaDue

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER
15. MAIDEN NAME Sara Quackenbush

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Mr. W. H. LaDue Perry mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Perry DATE May 30, 1931

19. UNDERTAKER (ADDRESS) Geo. Rouille Perry mo.

20. FILED May 27, 1931 Geo. Rouille Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/27 1931

22. I HEREBY CERTIFY, That I attended deceased from May 25 1931 to May 27 1931
I last saw him alive on May 27 1931. Death is said to have occurred on the date stated above, at 7:40 p. m.

The principal cause of death and related causes of importance were as follows:

apoplexy
arteriosclerosis
& chemismefry

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical Was there an autopsy? n.d.

23. If death was due to external causes (violence), fill in also the following:
Cause, 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?
If so, specify _____

(Signed) John Brown M. D.
(Address) Perry 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.

MAY 28 1931

