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 29 193

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

Do not use this space.

File No. 19074

Registered No.

1. PLACE OF DEATH

County St Clair — Registration District No. 761

Township ~~Appleton~~ — Primary Registration District No. 4456

City Appleton City (No. ..... St. ..... Ward)

2. FULL NAME Vean Lloyd LaBier

(a) Residence. No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 20 1847

7. AGE: YEARS 84 — MONTHS 2 — DAYS 3 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Terrahaute
(STATE OR COUNTRY): Ind

PARENTS

10. NAME OF FATHER: Dan S. LaBier

11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Pennsylvania

12. MAIDEN NAME OF MOTHER: Rachel Carpenter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Penn.

14. INFORMANT: Dr C R LaBier
(Address): Indianapolis Ind

15. FILED May 24 1931 — W. Cline M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): May 23 1931

17. I HEREBY CERTIFY, That I attended deceased from April 24, 1931, to May 23, 1931, that I last saw him alive on May 23, 1931, and that death occurred, on the date stated above, at 12 noon m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senile Gangrene beginning right foot

(duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (SECONDARY): Acute endocarditis

(duration) ..... yrs. ..... mos. 29 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? .....

(Signed) R. J. Smith, M. D.

, 19 (Address) Appleton 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: Nevada Mo — DATE OF BURIAL: May 24 1931

20. UNDERTAKER: R. R. Kenney — ADDRESS: A. C. Mo.