

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

Do not use this space.

27207

**1. PLACE OF DEATH**

County Saline Registration District No. 796  
 Township \_\_\_\_\_ Primary Registration District No. 3038  
 City Marshall, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 120

**2. FULL NAME** Horace Maynard La Rue

(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>male</u>	4. COLOR OR RACE <u>white</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>Lorna Hayes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 17, 1897</u>		
7. AGE YEARS <u>34</u>	MONTHS <u>5</u>	DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		10. Date deceased last worked at this occupation (month and year)
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Swart Springs, Mo</u>		
FATHER	13. NAME <u>Hugh B. La Rue</u>	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Knopville, Tenn.</u>	
MOTHER	15. MAIDEN NAME <u>Larry Aldridge</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri, Mo</u>	
17. INFORMANT <u>Mrs La Rue (Mother)</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ridge P. Cemetery</u> DATE <u>July 16, 1931</u>		
19. UNDERTAKER <u>J. L. Switzer</u> (ADDRESS) <u>Marshall, Mo.</u>		
20. FILED <u>7-20</u> 19 <u>31</u> <u>Mrs. John H. Moore</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1931

I HEREBY CERTIFY That I attended deceased from July 9, 1931 to July 14, 1931  
 I last saw him alive on July 14, 1931 Death is said to have occurred on the date stated above, at 11:00 PM  
 The principal cause of death and related causes of importance were as follows:  
Acute Appendicitis 7/8/31  
General Peritonitis  
 Other contributory causes of importance:  
General Peritonitis  
 Name of operation appendectomy Date of 7/19/31  
 What test confirmed diagnosis Culture (Was there an autopsy?) no

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? no  
 If so, specify \_\_\_\_\_  
 (Signed) H. J. Moore M. D.  
 (Address) Marshall Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 29 1931

