

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

Do not use this space.

1529

1. PLACE OF DEATH

51 County Johnson Registration District No. 14
Township Johnson Primary Registration District No. 2587
City Johnson (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. W
_____ St. _____ Ward _____

2. FULL NAME

Florence Edna Jones
(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>C. Wesley Miller Jr.</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 21 1905</u>		
7. AGE	YEARS	MONTHS
<u>26</u>	<u>1</u>	<u>0</u>
7. AGE (continued) DAY(S) IF LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House Keeper</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>235</u> (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lecton, Mo. Missouri</u>		
PARENTS	10. NAME OF FATHER <u>Frank Laughman</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	12. MAIDEN NAME OF MOTHER <u>Louisa Jones</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
14. INFORMANT <u>Mrs. Caloud Laughman</u> (Address) <u>Lecton, Mo.</u>		
15. FILED <u>1-24-32</u> <u>J. J. Jensen</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

W

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 21 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 16 1932 to Jan 21 1932 that I last saw him alive on Jan 21 1932, and that death occurred, on the date stated above, at 1:45 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
asema of Larynx (Subacute)

234 (duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) 105A (duration) yrs. mos. 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) J. J. Jensen, M. D.
. 19 (Address) Lecton, 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 <u>Windsor, Mo.</u>	DATE OF BURIAL <u>1-24 1932</u>
20. UNDERTAKER <u>Richard L. Wallau</u>	ADDRESS <u>Lecton, Mo.</u>

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.

FEB 4 1932

