

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

Do not use this space.

2203

File No. _____
Registered No. 1 _____
St. _____ Ward _____

1. PLACE OF DEATH
94 County St. Francois Registration District No. 1115
Township Liberty Primary Registration District No. 6021
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Marcus M. Laudrum
(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Lucinda White Laudrum

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 6, 1851

| | | | | |
|--------|-----------|-----------|-----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
| | <u>80</u> | <u>10</u> | <u>23</u> | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) West Knoxville, Tenn
(STATE OR COUNTRY) Tennessee

10. NAME OF FATHER Frederick Laudrum

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Tennessee

12. MAIDEN NAME OF MOTHER Martha Chapman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Tennessee

14. INFORMANT Mrs. Lucinda Laudrum
(Address) R.R. 1, Farmington, Mo.

15. FILED 2/13, 1932 F. L. A. Ryceen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 29 1932

17. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1931, to Jan 28, 1932, that I last saw him alive on Jan 28, 1932, and that death occurred, on the date stated above, at 7:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Arteriosclerosis, Senile Dementia

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED _____ (duration) _____ yrs. _____ mos. _____ da.
IF NOT AT PLACE OF DEATH same
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clement
(Signed) R. Applegate, M. D.
(Address) 3032, 19 Farmington Mo

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Masonic Cemetery DATE OF BURIAL Jan. 31 1932
Farmington ADDRESS
20. UNDERTAKER Neider Und. Co., Farmington

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.

MAR 25 1932

