

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

Do not use this space.

20072-9

File No. 1-1932
Registered No. 12
St. _____ Ward _____

1. PLACE OF DEATH
60 County Meddonad Registration District No. 518
1 Township _____ Primary Registration District No. 4574
6 City Anderson St. _____ Ward _____

2. FULL NAME Vernie Vanta Lauck
(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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter Lauck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 7 - 1912

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>19</u>	<u>7</u>	<u>4</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1932

22. I HEREBY CERTIFY that I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Sepsis
145
Confined

Date of onset _____

Other contributory causes of importance: (D)

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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) J. T. Jackson, M. D.
(Address) Anderson Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anderson Mo.

13. NAME Wm Martin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anderson Mo.

15. MAIDEN NAME May Barhill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Wm Martin
(ADDRESS) Anderson Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Anderson Mo DATE 6/12 1932

19. UNDERTAKER Geo Venter Gule
(ADDRESS) Anderson Mo

20. FILED Jun 17, 1932 Anderson Mo
Registrar.

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.

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