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.

NOV 3 1932

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

Do not use this space.

31885

File No.

Registered No.

1. PLACE OF DEATH

35 County Dunklin — Registration District No. 288

7 Township Independence, Primary Registration District No. 4172

4 City Kennett (No. , St. Ward)

2. FULL NAME Laura Hale Hight

(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 F

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 R. E. Hight

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19-1883

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
49	4	12	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poseyville, Ind

FATHER

13. NAME Thos Brannon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER

15. MAIDEN NAME Bettie Starky

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marquefield Kentucky

17. INFORMANT (ADDRESS) R. E. Hight Kennett, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Ridge DATE 11/1 1932

19. UNDERTAKER (ADDRESS) Baldwin Und. Co Kennett, Mo

20. FILED 4th Nov 1932 Whuler Davis Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/31 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1st, 1932, to Oct 31st, 1932

I last saw her alive on Oct 30th, 1932 Death is said to have occurred on the date stated above, at 4:05A m.

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

	Date of onset
Decompensated Heart - Sudden Heart failure.	2/1/32
131 / 95 B	
Other contributory causes of importance: Chronic Nephritis	1927.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) Paul Baldwin, M. D.

(Address) Kennett, Mo.