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

Do not use this space.

36888

1. PLACE OF DEATH

94

County St Francois — Registration District No. 775 — File No.

Township Perry — Primary Registration District No. 6020 — Registered No. 84

City Bonne Terre, Mo (No. ..... St. ..... Ward)

2. FULL NAME Mary Laurina Soden

(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.

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.

JAN 5 1933

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 5 - 1882

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 50 | 8 | 12 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Houston, Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Geo W. Soden

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Fort Hawk, O.
(STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Julie A. Gavin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Steelville, Mo.

14. INFORMANT Mrs Kenneth Richardson
(Address) Bonne Terre Mo

15. FILED 11/19, 1932 T. A. Son
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 17. 1932

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1932, to Nov., 1932, that I last saw her alive on Nov. 16, 1932, and that death occurred, on the date stated above, at 12 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Parenchymatous Nephritis

131 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis

131 (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Geo. L. Watkins, M. D

11/18, 1932 (Address) Farmington 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: Bonne Terre Cemetery

DATE OF BURIAL: 11/18 1932

20. UNDERTAKER: Benham Und. Co

ADDRESS: Bonne Terre, Mo.