

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.

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

Do not use this space.

6152

1. PLACE OF DEATH
 49 County Jasper Registration District No. 411
 7 Township Joplin, Mo. Primary Registration District No. 2002
 5 City Joplin, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Mrs. Nancy A. Laffew
 (a) Residence, No. 2301 Empire Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Laffew</u>		
7. AGE (MONTH, DAY, AND YEAR) <u>Nov. 25-1855</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>2</u>	DAYS <u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>No. Wife</u>		
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		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
13. NAME <u>No Record</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u>		
15. MAIDEN NAME <u>No Record</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u>		
17. INFORMANT (ADDRESS) <u>Carl McCreary 2301 Empire</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>St. Mary's Park Feb. 16, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Frank Sievers 2301 Empire</u>		
20. FILED <u>7/5</u> 19 <u>33</u> <u>Oliver Clark</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1933 to Jan Feb. 7, 1933
 Last saw hr alive on Feb. 7, 1933 Death is said to have occurred on the date stated above at 11:30 PM
 The principal cause of death and related causes of importance were as follows:
Coronary artery
Myocardium
 Other contributory causes of importance: 48
48
 Date of onset 1 yr

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? No 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?
 If so, specify _____
 (Signed) W. G. Crutch _____, M. D.
 (Address) 214 Waco Bldg Joplin Mo

