WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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 10 1933

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

Do not use this space.

33962

File No.
Registered No. 118

1. PLACE OF DEATH
County Pemiscot
Township Little Prairie
City (No. , St. Ward)
Registration District No. 681
Primary Registration District No. 5862

78

2. FULL NAME Teenie Louise La Forney
(a) Residence, No. Caruthersville Mo. St., RFD #2 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W
5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ ~~(OR) WIFE OF~~ Bill Moseley 1895
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25 - ~~1933~~
7. AGE Years 38 Months 9 Days 18 ~~14~~ If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) Nov 1933
11. Total time (years) spent in this occupation 4

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

FATHER
13. NAME Dick Lafurney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Laura Pilcy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Chas Neely
(ADDRESS) Caruthersville Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Caruthersville Mo DATE 10/13 1933
19. UNDERTAKER La Forge Undtkg Co.
(ADDRESS) Caruthersville Mo
20. FILED Nov. 2 1933 Eda Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/13 1933
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 3:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause of death not determined	
Chronic narcotism	
Chronic Epileptic	
365	
	41

Other contributory causes of importance:
Epilepsy

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?
If so, specify
(Signed) J W Rhodes Coroner M. D.
(Address) Hayti Mo.