

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

Do not use this space.

1. PLACE OF DEATH

51. County Jefferson Registration District No. 421 File No. 1662
 Township Washington Primary Registration District No. 5575 Registered No. 1662
 City Crystal City (No. _____) St. _____ Ward _____

2. FULL NAME

(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph La Brot
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 25-1870
 7. AGE YEARS 63 MONTHS 3 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
 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) Bessville (STATE OR COUNTRY) mo

MOTHER FATHER
 13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT Clarence La Brot (ADDRESS) Crystal City mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Buddhist town DATE Jan 30 1934

19. UNDERTAKER Frank Wood Co (ADDRESS) Gustav mo

20. FILED 1/27 1934 J. E. Rutledge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 23 1934 to Jan 27 1934

I last saw her alive on Jan 27 1934 Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Pneumonia
 Tuberculosis
 Pulmonary tuberculosis (from history)
 Date of onset Jan 21 1934
 Other contributory causes of importance: about 10 yrs.

Name of operation none Date of _____

What test confirmed diagnosis? clinical 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 John F. Rutledge, M. D.
 (Signed) _____ (Address) Crystal City, Mo

