

EB 27 1934

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

Do not use this space.

2317

1. PLACE OF DEATH

Country St. Francois
Township "
City Farmington (No. 11)

Registration District No. 773
Primary Registration District No. 44-64A

File No. _____
Registered No. 4
St. _____ Ward _____

2. FULL NAME

Louis LaBruyere

(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 MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26, 1854
7. AGE YEARS 79 MONTHS 2 DAYS 7
IF LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-3, 1934
22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1933, to Jan 3, 1934
I last saw him alive on Dec 19, 1933 Death is said to have occurred on the date stated above, at 9:45 a.m.
The principal cause of death and related causes of importance were as follows:

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

Fracture of head of R. Femur
Dec 18, 186A
Other contributory causes of importance: Squidity

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomington Mo.
13. NAME Louis LaBruyere
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.
15. MAIDEN NAME /

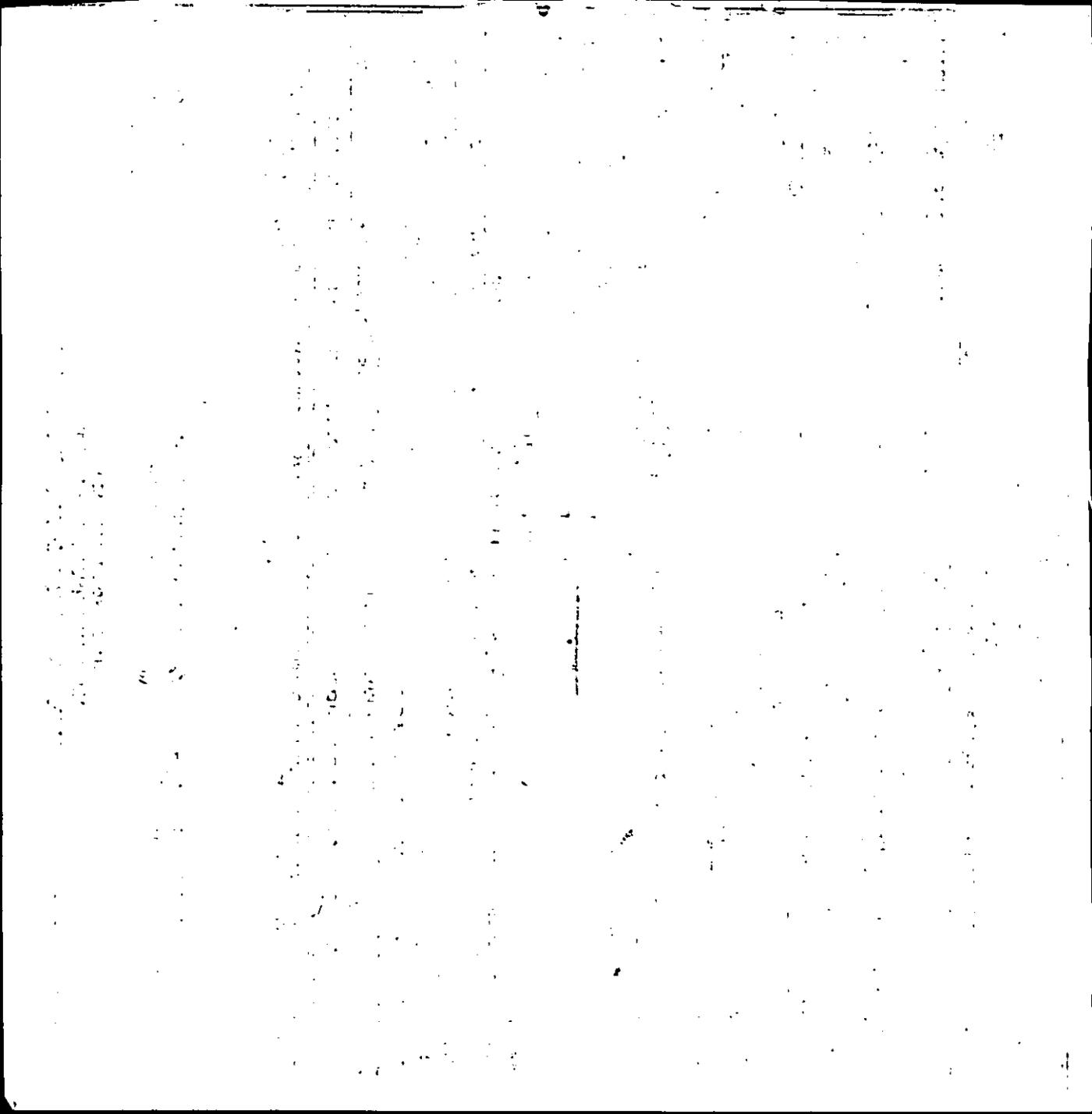
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

17. INFORMANT Calvin LaBruyere (ADDRESS) Farmington Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic DATE 1/6, 1934

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 _____

19. UNDERTAKER (ADDRESS) Needert and Co. Farmington Mo.
20. FILED 1-5, 1934 B. Johnson Registrar.

24. Was disease or injury in any way related to occupation of deceased? /
If so, specify _____
(Signed) L. M. Starfield
(Address) Farmington



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Francois
Township _____
City Harmersburg (No. _____)

Registration District No. 773
Primary Registration District No. 4464

File No. 2317
Registered 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 M 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS)

20. FILED _____ 19 _____
V. J. Robinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Fracture of head of R. Femur Date of onset Dec 8

Other contributory causes of importance: _____

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? Accident Date of injury Dec 18, 1933

Where did injury occur? in his home Harmersburg (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. 90

Manner of injury falling when he had fallen

Nature of injury fracture head & left femur

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) _____, M. D.
(Address) _____

SUPPLEMENTARY

S-2317