

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

Do not use this space.

9674

1. PLACE OF DEATH

County Marion Registration District No. 547
Township Marion Primary Registration District No. 3629
City Hannibal (No. 214 Ziegler St) St. _____ Ward _____

File No. _____
Registered No. 70
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 214 Ziegler 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11th 1839

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
94 8 20

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

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) West Virginia

13. NAME Unknown

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

15. MAIDEN NAME _____

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

17. INFORMANT Prof. La Laird (ADDRESS) 214 Ziegler St. Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Removal DATE 3/5/34, 1934

19. UNDERTAKER James O'Rourke (ADDRESS) Hannibal Mo.

20. FILED Mar 3 1934 R. K. Jorden Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 2-12, 1934, to 3-2, 1934

I last saw her alive on 3-2, 1934 Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Fracture of Right Hip.
186 A
194 B 15 8

Other contributory causes of importance: _____

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2-12, 1934

Where did injury occur? Home (Specify city or town, county, and State)

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

Home

Manner of injury Fall from bed

Nature of injury Fractured Hip

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) A. O. Daniel, M. D.

(Address) 227 1/2 Broadway

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.

1934
MAR 5 1934

