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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McLaugh, M. D.,
Special Agent,
Jefferson City, Mo.

#2

Genevieve

30

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Genevieve La Rush

Who died at _____ on June 24 - 1934

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex m Color or race w Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 23 Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Fract skull - auto truck collision

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

Accident, suicide, or homicide? accident Date of injury Jan 24, 1934

Where did injury occur? Highway #25 St. Genevieve Co. Mo.
(Specify city or town, county and State)

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

Manner of injury Collision of Two Trucks on Highway #25

Nature of injury Fractured Skull

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar T.W. Douglas

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,
E. T. McLaugh M.D.

Reg. Dist. No. 780

Primary Reg. Dist. No. 4466

Special Agent.

g.c

RECORD EXACTLY. PHYSICIANS should state sex, color, race, marital status, occupation, and date of death.

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