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.

SEP 12 1934

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

Do not use this space.

35

28360

1. PLACE OF DEATH
County: Buchanan, Registration District No.: 1001
Township: Primary Registration District No.:
City: St. Joseph, (No. Missouri Methodist Hospital St. Ward)

File No.: 147
Registered No.:

2. FULL NAME: Frankie Ann Laney,
(a) Residence, No. 1419 South 10th, St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 28 yrs. 1 mos. 16 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): Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Harold F. Laney,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24, 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	1	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machine Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Commercial Tablet Company,
10. Date deceased last worked at this occupation (month and year) August 1934,
11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saint Joseph, Missouri,

FATHER
13. NAME: Edward F. Kauffman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Pennsylvania,

MOTHER
15. MAIDEN NAME: Katherine Daly,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saint Joseph, Missouri,

17. INFORMANT (ADDRESS): Harold F. Laney 1419 So. 10th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Olivet DATE August 13, 19 34

19. UNDERTAKER (ADDRESS) Heaton-Betsell-Bainum 19 So. 10th St.

20. FILED Aug 11 1934 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 27 1934 to Aug 10 1934, I last saw her alive on Aug 9 1934. Death is said to have occurred on the date stated above, at 6:55 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Salpingitis & Appendicitis	July 25
Salpingitis due to miscarriage	

Other contributory causes of importance:
Heat exhaustion

Name of operation Salpingectomy Date July 27
What test confirmed diagnosis? Operation 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
(Signed) H. S. Langsner, M. D.
(Address) St. Joseph, Mo.