

FEB 21 1935

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

Do not use this space.

1. PLACE OF DEATH

County Chariton Registration District No. 169 File No. 528  
Township Warrick Primary Registration District No. 4098 Registered No. 1  
City Warrensburg (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME LAURA BELLE MEDLIN

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wilson Medlin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct-18-1865</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>2</u>
	DAYS <u>13</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housework</u>	
	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) <u>Louisiana Mo.</u>		
MOTHER	13. NAME <u>Andrew Lynn</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Louisiana</u>	
	15. MAIDEN NAME <u>Mary Pass</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Louisiana</u>	
17. INFORMANT <u>Mrs. Marvin Underwood</u> (ADDRESS) <u>Warrensburg Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Warrensburg</u> DATE <u>Jan 3</u> , 19 <u>35</u>		
19. UNDERTAKER <u>L. W. Maersch</u> (ADDRESS) <u>Warrensburg Mo</u>		
20. FILED <u>Jan. 2, 1935</u> <u>Harry E. Patung</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 to Dec 1, 1934  
I last saw her... alive on Dec 1, 1934 Death is said to have occurred on the date stated above, at 6:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Pulmonary tuberculosis Date of onset 10 yrs ago

Other contributory causes of importance: \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis clinical Was there an autopsy? No

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) Harry E. Patung, M. D.  
(Address) Warrensburg Mo

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.

THE UNIVERSITY OF CHICAGO  
 LIBRARY  
 540 EAST 57TH STREET  
 CHICAGO, ILL. 60637  
 TEL: 773-936-3200  
 FAX: 773-936-3200  
 WWW: WWW.CHICAGO.LIBRARY.EDU