

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.

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

Do not use this space.

MAR 4 1935

4386

1. PLACE OF DEATH

County Buchanan, Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph, (No. St. Joseph's Hospital, St. _____ Ward _____)

File No. _____
 Registered No. 153

2. FULL NAME Ida E. E. LaTurno

(a) Residence, No. Mertland Apts. 210 N. 8th 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) Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Augustus LaTurno,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 3 Unk.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping,
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,
 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) Belleville, Illinois,

MOTHER FATHER 13. NAME Jacob Essler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) On board ship from Germany

15. MAIDEN NAME Nancy Louise Patterson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, England

17. INFORMANT Mrs. L. G. Bauman
 (ADDRESS) 2405 Circle Drive,

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph Mem. Pk. DATE Feb. 4th, 1935

19. UNDERTAKER Walter B. Gale, Bauman
 (ADDRESS) 319 So. 10th St., Lawrence, Mo.

20. FILED 2-4 1935 John R. Bender
 Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 12:15 to 2-1-1935

I last saw her alive on 2-1-1935. Death is said to have occurred on the date stated above, at 2:55 p.m.

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

Pseudo mucinous papillary cyst adenoma carcinoma of both ovaries
49

Other contributory causes of importance: _____

Name of operation Drainage of Cysts Date of _____
 What test confirmed diagnosis? Laboratory Was there an autopsy? Yes

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 L. Bauman (Signed) _____ M. D.
 (Address) 10th Street, Lawrence, Mo.

100 200 300

400 500 600

700 800 900

1000 1100 1200

1300 1400 1500

1600 1700 1800

1900 2000 2100

2200 2300 2400

2500 2600 2700

2800 2900 3000

3100 3200 3300

3400 3500 3600

3700 3800 3900

4000 4100 4200

4300 4400 4500

4600 4700 4800

4900 5000 5100

5200 5300 5400

5500 5600 5700

5800 5900 6000

6100 6200 6300

6400 6500 6600

6700 6800 6900

7000 7100 7200

7300 7400 7500

7600 7700 7800

7900 8000 8100

8200 8300 8400

8500 8600 8700

8800 8900 9000

9100 9200 9300

9400 9500 9600

9700 9800 9900

10000 10100 10200

10300 10400 10500

10600 10700 10800

10900 11000 11100

11200 11300 11400

11500 11600 11700

11800 11900 12000

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22300 22400 22500

22600 22700 22800

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27700 27800 27900

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28600 28700 28800

28900 29000 29100

29200 29300 29400

29500 29600 29700

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30700 30800 30900

31000 31100 31200

31300 31400 31500

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37300 37400 37500

37600 37700 37800

37900 38000 38100

38200 38300 38400

38500 38600 38700

38800 38900 39000

39100 39200 39300

39400 39500 39600

39700 39800 39900

40000 40100 40200

40300 40400 40500

40600 40700 40800

40900 41000 41100

41200 41300 41400

41500 41600 41700

41800 41900 42000

42100 42200 42300

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43300 43400 43500

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43900 44000 44100

44200 44300 44400

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44800 44900 45000

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50800 50900 51000

51100 51200 51300

51400 51500 51600

51700 51800 51900

52000 52100 52200

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57700 57800 57900

58000 58100 58200

58300 58400 58500

58600 58700 58800

58900 59000 59100

59200 59300 59400

59500 59600 59700

59800 59900 60000

60100 60200 60300

60400 60500 60600

60700 60800 60900

61000 61100 61200

61300 61400 61500

61600 61700 61800

61900 62000 62100

62200 62300 62400

62500 62600 62700

62800 62900 63000

63100 63200 63300

63400 63500 63600

63700 63800 63900

64000 64100 64200

64300 64400 64500

64600 64700 64800

64900 65000 65100

65200 65300 65400

65500 65600 65700

65800 65900 66000

66100 66200 66300

66400 66500 66600

66700 66800 66900

67000 67100 67200

67300 67400 67500

67600 67700 67800

67900 68000 68100

68200 68300 68400

68500 68600 68700

68800 68900 69000

69100 69200 69300

69400 69500 69600

69700 69800 69900

70000 70100 70200

70300 70400 70500

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70900 71000 71100

71200 71300 71400

71500 71600 71700

71800 71900 72000

72100 72200 72300

72400 72500 72600

72700 72800 72900

73000 73100 73200

73300 73400 73500

73600 73700 73800

73900 74000 74100

74200 74300 74400

74500 74600 74700

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