

APR 2 1935

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

Do not use this space.

1. PLACE OF DEATH

County Beechman Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph (No. 100 Meth) St. Joseph Ward _____

File No. 8187
Registered No. 360
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Union 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. 3 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>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>abt 1906</u>		
7. AGE	YEARS	MONTHS
<u>abt 29</u>	<u>40</u>	<u>00</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
<u>at home</u>		<u>at home</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>Union St. Mo.</u>
FATHER	13. NAME	<u>Ben Laffoon</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Do not know</u>
MOTHER	15. MAIDEN NAME	<u>Do not know</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Do not know</u>
17. INFORMANT (ADDRESS) <u>R. G. Fogarty, 1119 E. 1st St. St. Joseph, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union St. Mo.</u> DATE <u>3-29-35</u>		
19. UNDERTAKER (ADDRESS) <u>St. Joseph 27th</u>		
20. FILED <u>3-28</u> 19 <u>35</u> <u>John R. Bender</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 27 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 26, 1935, to Mar 27, 1935. I last saw her alive on Mar 27, 1935. Death is said to have occurred on the date stated above, at 10:35 P. The principal cause of death and related causes of importance were as follows:
meningitis acute
pneumococci
(non epidemic)
59

Other contributory causes of importance:
Diabetes Mellitus
nephritis chr.

Name of operation _____ Date of _____
What test confirmed diagnosis? Exp. Lab. 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) E. M. Stokes M. D.
(Address) 317 Kirkpatrick Bldg. St. Joseph, Mo.

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.

STATE BOARD OF HEALTH WITH CHAIRMAN W. H. H. THIS IS A PERMANENT RECORD

