

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

Do not use this space.

AUG 16 1935

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65

1. PLACE OF DEATH

County Lafayette

Registration District No. 461

File No. 65

Township Lexington

Primary Registration District No. 3024

Registered No. _____

City Lexington

(No. _____)

St. _____

Ward _____

2. FULL NAME Launa Amer

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13, 1903

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

32

5

17

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Higginsville, Mo.
(STATE OR COUNTRY)

MOTHER FATHER

13. NAME Fred Wanger

14. BIRTHPLACE (CITY OR TOWN) Salisbury
(STATE OR COUNTRY) Mo.

15. MAIDEN NAME Mattie E. Walton

16. BIRTHPLACE (CITY OR TOWN) Salisbury
(STATE OR COUNTRY) Mo.

17. INFORMANT Mattie E. Pickell
(ADDRESS) Lexington, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Higginsville, Mo. DATE Aug. 1, 1935

19. UNDERTAKER Winkler
(ADDRESS) Lexington, Mo.

20. FILED Aug 1 1935 Jay B Bates
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from

July 25, 1935 to July 30, 1935

I last saw her alive on July 30, 1935. Death is said

to have occurred on the date stated above, at 9:35 P. M.

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

Date of onset _____

Manicure
Type Not Known
Had been under treatment
at St. Margaret's Hospital
Kansas City, Mo. Dr. Beale

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) J. H. Fredenburgh, M. D.

(Address) Lexington, Mo.

TEXAS

OFFICE OF THE ATTORNEY GENERAL

DAVIDSON, D. O.

DAVIDSON, D. O.

DAVIDSON, D. O.

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

ALL INFORMATION CALLED
FOR MUST BE GIVEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Lafayette
Township Lexington
City Lexington (No.)

Registration District No. 461
Primary Registration District No. 3024

File No.
Registered No. 65 St. Ward)

2. FULL NAME

(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 7 4. COLOR OR RACE 10 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 10

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min. 32 5 17

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.

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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Sept 6 1935 Faye Briel Bates Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1935

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw him alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

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

meningitis! Type not known Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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?

If so, specify.....

(Signed) C. H. Fredenthal M. D.

(Address) Lexington 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.

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