

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.

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

Do not use this space.

23743

SEP 23 1935

1. PLACE OF DEATH

County Marion

Registration District No. 547

File No.

Township Miller

Primary Registration District No. 5739

Registered No. 227

City Y (No. X)

St. _____ Ward _____

2. FULL NAME Laura Belle Amburn

(a) Residence, No. Miller Twnshp St. _____ Ward _____

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1935

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

22. I HEREBY CERTIFY, that I attended deceased from July 22, 1935, to July 29, 1935. I last saw her alive on July 29, 1935. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29-1898

to have occurred on the date stated above, at 9:10 a.m.. The principal cause of death and related causes of importance were as follows:

7. AGE YEARS 37 MONTHS 4 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

Date of onset

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

Acute Parenchymatous nephritis - Nephritis

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

Pregnancy 8 mos. gestation

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER FATHER 13. NAME Delas Scranton

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

15. MAIDEN NAME Minnie Bradshaw

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

17. INFORMANT Travis Amburn (ADDRESS) Gen. H. H. Hannibal, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE St. Olivet DATE July 31, 1935

19. UNDERTAKER Wm. M. Smith (ADDRESS) 902 1/2 Broadway, Hannibal, Mo.

20. FILED Aug 1, 1935 P. H. Debat Registrar

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? no If so, specify _____

(Signed) H. L. Baner, M. D.

(Address) Hannibal, Mo.

