

MAR 19 1936

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

Do not use this space.

5715

1. PLACE OF DEATH

County Jackson
Township
City Independence (No. St. Ward)

Registration District No. 398
Primary Registration District No. 3019

File No.
Registered No. 86

2. FULL NAME

Laura Belle Fasig

(a) Residence, No. 1412 W Maple St., 1 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Albert Fasig

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19 1849

7. AGE YEARS 86 MONTHS 7 DAYS 5 If LESS than 1 day,hr. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper
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) Ashland

MOTHER FATHER 13. NAME Joseph Brown

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

MOTHER 15. MAIDEN NAME Rebecca Zimmerman

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

17. INFORMANT A. B. Fasig (ADDRESS) 1924 Cassell St. W. Kan.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wodge City Kan.

19. UNDERTAKER Latta Funeral Home (ADDRESS) 214 N. Spring

20. FILED 2-26-36 J. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24, 1935

22. HEREBY CERTIFY, That I attended deceased from June 19, 1935 to Feb 24, 1935. I last saw her alive on Oct 25, 1935. Death is said to have occurred on the date stated above, at 10:5 p.m.

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

Pneumonia Bronch Date of onset Feb 22 1935
Valvular Rheumat 7/25

Other contributory causes of importance: Arthritis four years

Name of operation none 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
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) Samuel P. Green M. D.
(Address) Independence 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.

