

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

Do not use this space.

1. PLACE OF DEATH <sup>1936</sup>  
 County W. Jefferson Registration District No. 628  
 Township Jefferson Primary Registration District No. 3081  
 City St. Francis, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Laura Jernner  
 (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 2 yrs. 10 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 7021  
 Registered No. 15  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-6-1873  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 10 28

OCCUPATION  
 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) Conception Mo

FATHER  
 13. NAME John Jernner

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

MOTHER  
 15. MAIDEN NAME Mary Roofus

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT (ADDRESS) Hazel Jernner  
Lawford N. Clark

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Conception Mo DATE 2-8 1936

19. UNDERTAKER (ADDRESS) W. J. Swelton  
Conception Mo

20. FILED 2-6 1936 Maries E. Clardy  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-4 1936  
 22. I HEREBY CERTIFY, That I attended deceased from June 5 1935, to Feb. 4 1936  
 I last saw her alive on 2-4 1936 Death is said to have occurred on the date stated above, at 12:40 a.m.

The principal cause of death and related causes of importance were as follows:  
Adeno carcinoma of left ovary Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Cholelithiasis  
Multiple cysts ovaries  
Worms in small intestine  
 Name of operation Removed Date of operation Jan 24  
 What test confirmed diagnosis? Pathology 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 1/29 1936  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
fall in home caused hernia  
 Manner of injury of diaphragm  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) J. M. Boyles, M. D.  
 (Address) Conception Junction, 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.

