JUN 23 1936

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

Do not use this space.
11551-2

1. PLACE OF DEATH
County Marries — Registration District No. 5-41
Township Jefferson — Primary Registration District No. 57
City Belle Mo (No. ..... St. ..... Ward) — File No. .....
Registered No. .....

2. FULL NAME Laura Isabelle Birdsong

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	colored	widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: W. M. Birdsong

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1859 - 4 - 3

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	76	11	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife
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): Maries Co Mo

FATHER
13. NAME: Wm. Hutchinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER
15. MAIDEN NAME: Martha Manney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

17. INFORMANT (ADDRESS): J. L. Birdsong Belle Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Liberty Cem DATE Mar 6 1936

19. UNDERTAKER (ADDRESS): S. G. Lockhart Belle Mo

20. FILED June 23. 1936 Mrs Geneva Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 6 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 29 1936, to March 6, 1936
I last saw her alive on March 5 1936. Death is said to have occurred on the date stated above, at 3:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Compous Pneumonia	2-25-36

Other contributory causes of importance:
Senility & Carcinoma Sclerosis

Name of operation: None Date of: .....
What test confirmed diagnosis: Symptoms 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) W. R. Worrell, M. D.
(Address) Belle, 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.