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

APR 27 1936

Do not use this space.

13655

1. PLACE OF DEATH
County Schuyler — Registration District No. 805 — File No. 65
Township — Primary Registration District No. 4484 — Registered No.
City Lancaster (No. , St. Ward)

2. FULL NAME Mrs Laura Matilda George

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13 - 1869

7. AGE: YEARS 66 — MONTHS 9 — DAYS 4 — If LESS than 1 day, hrs., or min.

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) Glenwood Mo.

FATHER
13. NAME John C. Bass.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER
15. MAIDEN NAME Sophia Toben
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Mr. Clay George Lancaster, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lancaster DATE Mar 19 1936

19. UNDERTAKER (ADDRESS) John A. Roberts Lancaster Mo.

20. FILED March 19 1936 Byrdie M. Drake Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 17th, 1936, to Mar 17th, 1936
I last saw him alive on Mar 17th, 1936 Death is said to have occurred on the date stated above at 10 55 pm.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:
Hypertension
Obesity
Asthma

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) [signature] Davidson, M. D.
(Address) Lancaster, Mo.