

JUN 25 1936 MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

2031172

1. PLACE OF DEATH

County Pettis Registration District No. 665
Township Sedalia Primary Registration District No. 3032
City Sedalia (No. 416 1/2 W. Broadway) St. _____ Ward _____

File No. 168/171
Registered No. 668

2. FULL NAME

Agnes Marie Laville
(a) Residence, No. 416 1/2 W. Broadway St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 31 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) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. Carrville

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 23 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
73 9 3

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

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) Brookline Mass

13. NAME Felix McLaw

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

15. MAIDEN NAME Elizabeth Garvey

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

17. INFORMANT Ella Carrville

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cahoon DATE 5-28-36

19. UNDERTAKER McLaughlin Bros

20. FILED May 28, 1936 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1936 to May 26, 1936
I last saw her alive on May 10, 1936 Death is said to have occurred on the date stated above, at 4 am.

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

Coronary occlusion

Date of onset 5 hrs

Other contributory causes of importance:

chronic hypertension & aortic atherosclerosis

Do not use this space

Name of operation none Date of none

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur? home (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) Charles M. D.

(Address) Sedalia, 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.

