

JAN 18 1937

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

Do not use this space.

44073

1. PLACE OF DEATH

County Cass Registration District No. 157  
Township..... Primary Registration District No. 4091  
City Pleasant Hill (No. ....) St. .... Ward.....

File No. ....  
Registered No. 45  
St. .... Ward.....

2. FULL NAME

Laura Shirlee Hand  
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec - 27 - 36  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 5

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. Child  
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) Pleasant Hill, Mo.

FATHER  
13. NAME Kenneth Hand  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laura

MOTHER  
15. MAIDEN NAME Janita Wass  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Archie, Mo.

17. INFORMANT (ADDRESS) Dr. C. L. Conrad, Pleasant Hill Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE Dec. 28 - 36

19. UNDERTAKER (ADDRESS) Funeral Home, Pleasant Hill Mo.

20. FILED Dec - 28 - 1936 Mrs. Etta M. Aldridge Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1936 to Dec. 27, 1936.  
I last saw him alive on Dec. 27, 1936. Death is said to have occurred on the date stated above, at 3:58 p.m.  
The principal cause of death and related causes of importance were as follows:

Laryngeal Closure Foreman  
and Ovaries

Other contributory causes of importance:

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?  
If so, specify (Signed) C. L. Conrad M. D.  
(Address) Pleasant Hill 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.

