

FEB 16 1937

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

Do not use this space.

333

1. PLACE OF DEATH
County Butler Registration District No. 88
Township Coon Island Primary Registration District No. 6268
City (No. 8 Miles East of Neelyville, Mo. St. Ward)

2. FULL NAME Laura Inness
(a) Residence, No. Butler Co., Mo. 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Xinnie Inness

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1907
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
About 30

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife
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) Missouri

FATHER
13. NAME Lonzo Hudson

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

MOTHER
15. MAIDEN NAME Roxie Armstrong

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

17. INFORMANT Scott Hancock
(ADDRESS) Butler Co., Mo.

18. BURIAL, CREMATION, OR REMOVAL Van Cemetery
PLACE Butler Co., Mo. DATE Jan. 14 37

19. UNDERTAKER Frank Und. Co.
(ADDRESS) Poplar Bluff Mo.

20. FILED 2-10 1937, R. L. Turner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1936 to Jan 12 1937
I last saw h. or alive on Jan 12 1937 Death is said to have occurred on the date stated above, at 8P. m.
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia
Date of onset Dec 24 1936

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? chest 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) H. E. Smith M. D.
(Address) Neelyville 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.

THE UNIVERSITY OF CHICAGO
LIBRARY

THE UNIVERSITY OF CHICAGO
LIBRARY