

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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**

Do not use this space.

*REC-3* 16 1937

527

**1. PLACE OF DEATH**

County Cass Registration District No. 156  
 Townshp. Harrisonville Primary Registration District No. 4090  
 City Harrisonville (No.         ) St.          Ward)         

**2. FULL NAME**

Laura Anna Champion  
 (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 16 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**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 C. R. Champion

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3-1869

7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min.  
67 4 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home-maker  
 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) Ohio

FATHER 13. NAME Henry Hootman

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

MOTHER 15. MAIDEN NAME Mary Ellen Butler

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

17. INFORMANT Mary Champion Kyle mo  
 (ADDRESS) 116 Harrisonville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ragmo, Mo DATE 7/2 37

19. UNDERTAKER Ryannburg's mo  
 (ADDRESS) Harrisonville Mo

20. FILED Jan 31 1937 C. M. Griffith  
 (Address) Harrisonville Mo

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30 1937

22. HEREBY CERTIFY, that I attended deceased from Jan 31 37 to Jan 31 37

Last saw her alive on Jan 30 1937 Death is said to have occurred on the day stated above, at 8:45 A.M.

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

Cerebral Hemorrhage

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, if deceased?

If so, specify           
 (Signed) J. H. Scott M. D.  
 (Address) Harrisonville Mo

