

MAR 16 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County ButlerRegistration District No. 88File No. 5197Township NeelyPrimary Registration District No. 5130Registered No. 14City                      (No.                     )St.                      Ward                     2. FULL NAME James E. Lafferty(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Isabelle6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16 - 18677. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
69 6 15OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) 7 - 1936 11. Total time (years) spent in this occupation 4912. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roseville Ind.13. NAME Longue Lafferty14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME Sarah Harris16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.17. INFORMANT X Isabelle Lafferty (ADDRESS)                     18. BURIAL, CREMATION, OR REMOVAL PLACE Fairdealing DATE Feb 2, 193719. UNDERTAKER Miner Hish (ADDRESS)                     20. FILED 3-1 1937 R. L. Turner Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31, 193722. I HEREBY CERTIFY That I attended deceased from Nov 15, 1936, to Jan 31, 1937I last saw him alive on Jan 4, 1937. Death is saidto have occurred on the date stated above, at 9:00 p.m.

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

Mitral Regurgitation Date of onset 1926Other contributory causes of importance: 131Chronic nephritis 1924Name of operation                      Date of                     What test confirmed diagnosis? Urinal 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?                     If so, specify                     (Signed) B. L. Turner, 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.

