

AUG 20 1937

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

Do not use this space.

27070

## 1. PLACE OF DEATH

County Cape Girardeau  
Township Brook  
City (No. ) (No. ) St. (No. ) Ward

Registration District No. 229  
Primary Registration District No. 5211

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME Rachel Louise Laramore

(a) Residence, No. Sullivan, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. N. Laramore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-22, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
71 2 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At 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) Ark.13. NAME James Jack,14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known15. MAIDEN NAME Susan White16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known17. INFORMANT Chas. Laramore  
(ADDRESS) Sullivan, Mo.18. BURIAL, CREMATION, OR REMOVAL  
PLACE Stanton, Mo. DATE 6-16-193719. UNDERTAKER J. T. Williams  
(ADDRESS) Sullivan, Missouri20. FILED July 20, 1937 Williams

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June, 15, 193722. I HEREBY CERTIFY, That I attended deceased from May 10, 1937, to June 15, 1937I last saw her alive on June 13, 1937 Death is said to have occurred on the date stated above, at 10 p. m.

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

Carcinoma  
pancreas

Other contributory causes of importance: 4/0

Date of onset

May 7, 1937

Name of operation None Date of \_\_\_\_\_  
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? \_\_\_\_\_ 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) Chas. Laramore, M. D.(Address) Sullivan - 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.

