

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

Do not use this space.

28630

File No.

Registered No. 19

1. PLACE OF DEATH

County Washington Registration District No. 885-
Township Bellevue Primary Registration District No. 6747
City (No.) St. Ward

2. FULL NAME Laura Drucella Reyburn

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fem 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Reyburn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25, 1950

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 1 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

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) St. Louis Mo.

13. NAME Daniel McSween

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Julia Ann Tong

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

17. INFORMANT Mrs. Jas Holman (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Caladonia Mo.

PLACE Belgrafe Mo. DATE June 16, 1937

19. UNDERTAKER White & Son (ADDRESS)

Ironton Mo.

20. FILED July 23, 1937 Mrs. Ella White Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1937

22. I HEREBY CERTIFY That I attended deceased from 1/15, 1937 to 6/15, 1937
or 6/18, 1937

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 2.00A.

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

Nephritis

Date of onset
YRS

Other contributory causes of importance:

Fractured thigh

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? Accid Date of injury 1-13, 1937

Where did injury occur? Washington County (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fell on ice

Nature of injury fractured thigh

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) J.P. J. [Signature], M. D.

(Address) Ironton, 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.

Yashwantrao Chavan

and

Shri. Yashwantrao Chavan
Savitri Chavan

Shri. Yashwantrao Chavan

Shri. Yashwantrao Chavan

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