

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

Do not use this space.

OCT 18 1937

1. PLACE OF DEATH

County Cass
Township Peculiar
City Peculiar (No. 2)

Registration District No. 162450
Primary Registration District No. 5287

File No. 33921
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Emma Jane Laffland

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

| | | |
|---|----------------------------------|---|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George A. Laffland</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 26, 1860</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>77</u> | <u>0</u> |
| | | DAYS |
| | | <u>15</u> |
| | | IF LESS than 1 day, _____ hrs. or _____ min. |

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 31, 1937 to September 10, 1937
I last saw her alive on September 10, 1937. Death is said to have occurred on the date stated above, at 11 A. m.
The principal cause of death and related causes of importance were as follows:

| | | |
|------------|---|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u> | 11. Total time (years) spent in this occupation |
| | 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) | |

Chronic Myocarditis Date of onset ?

Other contributory causes of importance:
new aortic aortic hard 9/1/37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Pa.

13. NAME Alexander Mosman

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

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME Mary Custard

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

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.

17. INFORMANT S. H. Laffland
(ADDRESS) 443 E 70th St. K.C. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE West Union Mo DATE Sept 12, 1937

Manner of injury _____
Nature of injury _____

19. UNDERTAKER B. T. Hoopes & Sons
(ADDRESS) Peculiar Mo

20. FILED 9/11, 1937 Martin V. Gohlbard
Registrar.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) Martin V. Gohlbard, M. D.
(Address) Peculiar, Mo

Cross of Death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

