

NOV 17 1937

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

Do not use this space.

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1. PLACE OF DEATH

County GASCONADE  
Township ROARK  
City (No. ....) (St. ....) (Ward ..)

Registration District No. 303  
Primary Registration District No. 5420

File No. 37628  
Registered No. ....

2. FULL NAME

CHRISTINA LABAUDE

(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

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JOE LABAUDE SR

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24-1859

7. AGE YEARS 78 MONTHS 4 DAYS 11 If LESS than 1 day, .... hrs. or .... min.

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

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) BERGER, MO

13. NAME DANIEL Hug.

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

15. MAIDEN NAME NEE KAISER

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

17. INFORMANT Ewald Labaube (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE LITTLE BERGER DATE Oct 8 1937

19. UNDERTAKER HERMAN BLUMER, MO (ADDRESS) BERGER, MO

20. FILED 10-7-37 Anna Rickhoff Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 27 1937 to Oct 5 1937. I last saw her alive on Oct 4 1937. Death is said to have occurred on the date stated above, at 12:20 p.m.

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

apoplexy

Date of onset

Other contributory causes of importance: arterio-sclerosis

Name of operation ..... Date of .....  
What test confirmed diagnosis? Physical 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) John Engelbrecht, M. D.  
(Address) Stacyville, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B. - Every item of information should be carefully supplied. NOY should be stated. NOY should be stated.

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