

JAN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

10
8

County Boone
Township
City Columbia

Registration District No. 73
Primary Registration District No. 3906
(No. 304 N. 8th St)

File No. 44679
Registered No. 267
St. _____ Ward _____

2. FULL NAME

Catherine Moreau LaRae

(a) Residence, No. 304 N. 8th St 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 <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>James T. LaRae</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-20-1847</u>		
7. AGE	YEARS <u>90</u>	MONTHS <u>10</u>
	DAYS <u>12</u>	IF LESS THAN 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	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
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lincoln, West Virginia</u>	
	13. NAME <u>William Moreau</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
MOTHER	15. MAIDEN NAME <u>unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Grace Allen Columbia, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Columbia Cem</u> DATE <u>12-5-1937</u>		
19. UNDERTAKER (ADDRESS) <u>Allen Furniture Co Columbia, Mo.</u>		
20. FILED <u>12/4/1937</u> <u>Allie Selby</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-2-1937

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on Nov. 22-23, 1937, to _____, 19____
I last saw him alive on Nov. 23-, 1937. Death is said to have occurred on the date stated above, at 12-10 m. 39.
The principal cause of death and related causes of importance were as follows:
Cerebral thrombosis
Date of onset 11-22-37
ate
GA
Other contributory causes of importance:
Astero Sclerosis
Do not insert
Name of operation None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 None
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) W. D. Stewart, M. D.
(Address) Columbia, 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.

