

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

Do not use this space.

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107

1. PLACE OF DEATH

County Texas
Township Date
City (No. _____) _____

Registration District No. 1077
Primary Registration District No. 6142

File No. _____
Registered No. 4 St. _____ Ward _____

2. FULL NAME

Laura Bell Wofford. 163

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W. C. Wofford.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 20 - 1878</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>+</u>
	DAYS <u>2</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Wif</u>
	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) Mountain View Missouri

FATHER 13. NAME William Rentrow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bowling Green Ky.

MOTHER 15. MAIDEN NAME Lines

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bowling Green Ky.

17. INFORMANT Verge Rentrow - Brother
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel Cemetery DATE Jan. 23 1938

19. UNDERTAKER Dunkin Funeral Home
(ADDRESS) Mt. View Mo.

20. FILED 1/22/1938 J. B. M. Daniels MD
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1937, to Jan. 15, 1938
I last saw her alive on 1/15/1938. Death is said to have occurred on the date stated above, at 5:30 p. m.
The principal cause of death and related causes of importance were as follows:

Apoplexy
High Blood Pressure

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? _____ 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? _____
If so, specify _____

(Signed) J. B. M. Daniels, M. D.

(Address) Summersville 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.

RECEIVED

FEB 28 1938

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