

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.

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

REC'D MAY 17 1938

14091  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Buchanan Registration District No. 85  
 (b) Township..... Primary Registration District No. 1001 Registered No. 453  
 (c) City St. Joseph. (d) Street No. 2014 Boyd St. St.  
 (e) Length of residence in city or town where death occurred 6 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

Laura Valentine. 453  
 (a) Residence, No. 2014 Boyd Street. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female. 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 Valentine.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28, 1861.

|        |           |           |           |  |
|--------|-----------|-----------|-----------|--|
| 7. AGE | YEARS     | MONTHS    | DAYS      | IF LESS than 1 day, ..... hrs. or ..... min. |
|        | <u>76</u> | <u>11</u> | <u>23</u> |  |

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None.  
 9. Industry or business in which work was done, as 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) Laport. 1  
 (STATE OR COUNTRY) Iowa.

FATHER 13. NAME Isaac Barnes. 9  
 14. BIRTHPLACE (CITY OR TOWN) Unknown. 9  
 (STATE OR COUNTRY) Unknown. 1

MOTHER 15. MAIDEN NAME Unknown.  
 16. BIRTHPLACE (CITY OR TOWN) Unknown.  
 (STATE OR COUNTRY) Unknown.

17. INFORMANT Robert Valentine.  
 (ADDRESS) 1817 Mitchell Ave.

18. BURIAL, CREMATION, OR REMOVAL Memorial Park.  
 PLACE St. Joseph Mo. DATE April 23, 1938

19. FUNERAL DIRECTOR H. O. Sidenfaden & Son.  
 (ADDRESS) 1802 Union St. St. Joseph Mo.

20. FILED 4-23 19 38 A. A. Neale  
Boyd (Local Registrar)

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21, 19 38

22. I HEREBY CERTIFY, That I viewed deceased from April 21st, 19 38 to           , 19           .  
 I last saw h..... alive on           , 19           . Death is said to have occurred on the date stated above, at 2:P. m.  
 The principal cause of death and related causes of importance were as follows:  
Acute Coronary Thrombosis Date of onset           

Other contributory causes of importance: Arterio  
sclerosis

Name of operation..... Date of.....  
 What test confirmed diagnosis? History 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?.....  
 If so, specify P.W. Tudlock Coroner           , M. D.  
 (Signature)            (Address) King Hill Bldg,

STATEMENT BY LICENSED EMBALMER

I, Albert E. Harrington, Licensed Embalmer No. 3258

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No.  or by  Registered Apprentice No.

working under my personal supervision.

Signed Albert E. Harrington

Licensed Embalmer No. 3258

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)