REC'D MAY 18 1938

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

Do not use this space.

14112

File No. 78

Registered No.

1. PLACE OF DEATH
County: Butler
Registration District No.: 89
Township:
Primary Registration District No.: 3007
City: Poplar Bluff, Mo. (No. Lucy Lee Hospital St. Ward)

2. FULL NAME: Mrs. Jennie Lasat er Lavin

(a) Residence, No. 321 Broadway St., Ward. (If nonresident, give city or town and State)
(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.

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): ~~Married~~ Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James Lavin---died 1911

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 23, 1862

7. AGE: Years 76 | Months 0 | Days 16 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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): McLeansboro Illinois

FATHER
13. NAME: J.M. Lasater
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER
15. MAIDEN NAME: Barbara J. Baumgarner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT: Harry Lasater
(ADDRESS): Corning, Arkansas

18. BURIAL, CREMATION, OR REMOVAL: City Cemetery
PLACE: Poplar Bluff, Mo. DATE: April 11, 1938

19. UNDERTAKER: Frank Und. Co.
(ADDRESS): Poplar Bluff, Mo.

20. FILED: 4/11, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw her alive on 4-9-38, 19 38 Death is said to have occurred on the date stated above, at 6:45p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar.	
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Other contributory causes of importance:	

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) [signature], M. D.
(Address) Poplar Bluff, Missouri.

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