

REC'D JUN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Barry
Township McDonald
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 31
Primary Registration District No. 5045A

File No. 17620
Registered No. 15

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

Laura Jane Giddings 357

St. _____ Ward _____

(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

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Niraw Bestwick Giddings

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27, 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
70 ✓ 23

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) Kansas

13. NAME James Buchanan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Christina Owens

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

17. INFORMANT Mrs. Mable Tague
(ADDRESS) Harfield, Ark.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Harfield DATE May 21, 1938

19. UNDERTAKER Blankenships
(ADDRESS) Burdett, Mo.

20. FILED May 21, 1938 Donald Blankenship
Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1932, to May 20, 1938.
He was alive on May 20, 1938. Death is said to have occurred on the date stated above, at 2:30 P.M.

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

Chronic Myocarditis Date of onset 9-1-31

Other contributory causes of importance: Hypertension

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys 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. Baldwin M. D.

(Address) Burdett, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

