

REC'D SEP 19 1938

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

Do not use this space.

29392

1. PLACE OF DEATH  
 County Linn Registration District No. 500  
 Township Jefferson Primary Registration District No. 4803  
 City Laclede (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Ella McCurdy LaMance 552  
 (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

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 William Franklin LaMance

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5, 1909

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_hrs. or \_\_\_\_\_min.  
29 2 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. G. Nurse

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) Williamsburg Kansas

13. NAME Thomas McCurdy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

15. MAIDEN NAME Adella Duffy

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

17. INFORMANT (ADDRESS) Boys to L. Bennett Dallas Tex 63477 Clinton

18. BURIAL, CREMATION, OR REMOVAL PLACE Williamsburg, Kan DATE 8/17/38

19. UNDERTAKER W. G. Thorne (ADDRESS) Laclede, Missouri

20. FILED Aug 17 1938 Geo O Plouman Registrar.

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_m.

The principal cause of death and related causes of importance were as follows:  
Murder 1958  
(By foul means)  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Coroner Inquest

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 Head wound  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Geo O Plouman M. D.  
 (Address) Williamsburg, Kan  
Boys to L Bennett

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

APR 3 1942

RECEIVED

District Health Officer No. 10

District File Number 10-38-92

Date Filed 9-15-38