REC'D FEB 7 1939

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

Do not use this space.

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1. PLACE OF DEATH
County: Howell
Township: Spring Creek
City: (No. St. Ward)

Registration District No. 384
Primary Registration District No. 5539

File No. 2526
Registered No.

2. FULL NAME: Laura Emmaline Oaks

(a) Residence, No. West Plains, Rt. 3 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 38 yrs. 5 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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~~: Everett Oaks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 30, 1900

7. AGE: YEARS 38 MONTHS 5 DAYS 11 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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: 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Plains, Rt. 3 Mo.

FATHER
13. NAME: William Lidbetter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Howell County Mo.

MOTHER
15. MAIDEN NAME: Martha Fox
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Howell County Mo.

17. INFORMANT (ADDRESS): Clarence Everett Oaks West Plains, Rt. 3

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Buff Cemet. DATE: Jan. 13, 1939

19. UNDERTAKER (ADDRESS): Ray Williams West Plains Rt. 3

20. FILED: 1-12-, 1939 Vida W Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939, to Jan 11, 1939
I last saw her alive on Jan 10, 1939. Death is said to have occurred on the date stated above, at 6:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12/24/38

Other contributory causes of importance:
Disease of Heart.

Name of operation: No Date of:
What test confirmed diagnosis? Clinical 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? No
If so, specify
(Signed) C. D. Simons, M. D.
(Address) West Plains, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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