

1939 APR 20 1939

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

12180  
Do not use this space.

1. PLACE OF DEATH  
 (a) County.....St. Francois.....<sup>3</sup> Registration District No.....773  
 (b) Township.....St. Francois.....<sup>1</sup> Primary Registration District No.....6018A  
 (c) City.....Near Farmington..... (d) Street No.....State Hospital No. 4..... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred..... yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME GEORGE LAFORIN  
 (a) Residence, No. Washington, Mo. 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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Single</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>7-19-1888</b>		
7. AGE <b>50</b>	YEARS <b>8</b>	MONTHS <b>5</b>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Laborer</b>		11. Total time (years) spent in this occupation.....
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).....		
12. BIRTHPLACE (CITY OR TOWN)..... <b>Washington, Missouri</b> (STATE OR COUNTRY)		
13. NAME..... <b>Pete Laporin</b>		
14. BIRTHPLACE (CITY OR TOWN)..... <b>Missouri</b> (STATE OR COUNTRY)		
15. MAIDEN NAME..... <b>Mary Denoter</b>		
16. BIRTHPLACE (CITY OR TOWN)..... <b>Missouri</b> (STATE OR COUNTRY)		
17. INFORMANT..... <b>Records of State Hospital No. 4, Farmington, Mo.</b> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>State Hospt. #4 Cemetery</b> DATE <b>March 27, 1939</b>		
19. FUNERAL DIRECTOR (NAME)..... <b>Chas. Richardson</b> (ADDRESS)..... <b>Farmington, Mo.</b>		
20. FILED <b>Mch 26, 1939</b> <b>J. J. Robinson</b> <b>Local Registrar.</b>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3-24-39** 19**39**

22. I HEREBY CERTIFY, That I attended deceased from **11-7**, 19**38**, to **3-24**, 19**39**  
 I last saw h. **IM** alive on **3-23**, 19**39** Death is said to have occurred on the date stated above, at **6:10am**.  
 The principal cause of death and related causes of importance were as follows:  
**Pulmonary Tuberculosis.**  
 Date of onset **27**

Other contributory causes of importance:  
**Rheumatic Heart Disease with Mitral Stenosis.**

Name of operation.....**None** Date of.....  
 What test confirmed diagnosis?.....**Clinical** Was there an autopsy?.....**Yes**

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.....**None**  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....**No**  
 If so, specify.....  
 (Signed).....**Jas. K. Mulvey** M. D.  
 Address.....**Farmington, 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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, <sup>and</sup> or by.....  
*Virgil Welch*....., Registered Apprentice No. *66*  
working under my personal supervision.

Signed *Chas. Richardson*.....  
Licensed Embalmer No. *3167*.....  
P. O. Address *Farmington Me*.....

**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.)**

**If this body is not embalmed, above space should be left blank.**