

REC'D JUN 14 1939

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

Do not use this space.

## 1. PLACE OF DEATH

26 County FranklinTownship BolesNear City Pacific, Mo (No. 1021)Registration District No. 293Primary Registration District No. 5411File No. 18567

Registered No.

St. \_\_\_\_\_ Ward)

## 2. FULL NAME

(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. da. How long in U. S. if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
0 0 0 0

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work \_\_\_\_\_

(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Near Pacific, Mo.  
(STATE OR COUNTRY) Mo10. NAME OF FATHER Harry Harrison Lareto11. BIRTHPLACE OF FATHER (CITY OR TOWN) Boles  
(STATE OR COUNTRY) Labadie, Mo12. MAIDEN NAME OF MOTHER Caroline Pfeiffer13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pacific,  
(STATE OR COUNTRY) Mo14. INFORMANT Mrs. Caroline Lareto  
(Address) RFD, Pacific, Mo15. FILED 573 1939 May 13 Gross  
REGISTRAR 266

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 11 193917. I HEREBY CERTIFY, That I attended deceased from May 11\_\_\_\_\_ 1939, to May 11, 1939.that I last saw her alive still alive May 11, 1939, and that death occurred, on the date stated above, at 12:15 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

still birthCONTRIBUTORY (SECONDARY) Compression feared  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) C. F. Briggleb, M. D.May 11, 1939 (Address) St. Clair, Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

+ Pfeiffer Cemetery May 12, 1939.

UNDERTAKER

ADDRESS Mo.Mary Lareto (acting) Labadie

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.

