

REC'D JUL 8 1939

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

21513

Do not use this space.

1. PLACE OF DEATH ²
(a) County Boone Registration District No. 73
(b) Township Columbia Primary Registration District No. 3006
(c) City Columbia (d) Street No. _____ 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 2071 NOAH Flood LAUX
(a) Residence, No. 713 W Ash 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 Male 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 Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 4th 1871
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 | 7 | 21
- OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. School Teacher
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) Ashland Boone Co Mo
- FATHER
13. NAME John Laux
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
- MOTHER
15. MAIDEN NAME Francis Melvin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
17. INFORMANT (ADDRESS) Mrs. Harry Acton
18. BURIAL, CREMATION, OR REBURYAL
PLACE Memorial Park DATE June 27th 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. O. Willett Columbia Mo
20. FILED 6/26/39 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25th 1939
22. I HEREBY CERTIFY That I attended deceased from 6-24-1939 to 6-28-1939.
I last saw him alive on 6-28-1939. Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:
Apoplexy
Date of onset 6-24-39
- Other contributory causes of importance:
Arterial. Due part all his life. Stroke several yrs. ago & crippled
- Name of operation _____ Date of _____
What test confirmed diagnosis? None Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) W. P. Dyer, M. D.
(Address) Columbia Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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, ~~only~~ *me*

....., Registered Apprentice No.

working under my personal supervision.

Signed *Lyman H. Sprinkle*

Licensed Embalmer No. *4013*

P. O. Address *Columbia, Mo.*

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.