

N. E.—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.

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

23201  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County St. Louis Registration District No. 784  
 (b) Township St. Ferdinand Primary Registration District No. 104  
 (c) City Ferguson (d) Street No. 327 Tiffin-O'Sullivan Nursing Home St. 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. 2 mos. 29 ds. (f) How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

**2. PRINT FULL NAME** Laura Bell McMillin

(a) Residence, No. 35 S. Gore Avenue St.  Webster Groves, Missouri  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 14, 1848

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
91	4	15	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework  
 9. Industry or business in which work was done, as saw mill, bank, etc. At home  
 10. Date deceased last worked at this occupation (month and year) Aug. 1938 11. Total time (years) spent in this occupation 75 yrs

12. BIRTHPLACE (CITY OR TOWN) Bowling Green  
(STATE OR COUNTY) Pike County, Missouri

13. NAME Samuel Rodgers  
 14. BIRTHPLACE (CITY OR TOWN) Cynthiana  
(STATE OR COUNTY) Harrison County, Kentucky

15. MAIDEN NAME Mary Ann Caldwell  
 16. BIRTHPLACE (CITY OR TOWN) -----  
(STATE OR COUNTY) Bath County, Kentucky

17. INFORMANT Miss Claudine Rodgers (niece)  
(ADDRESS) 35 S. Gore - Webster Groves, Mo.

18. BURIAL, CREATION OF TOMB OR MONUMENT Riverview Cemetery  
Louisiana, Missouri DATE Jul 1, 1939

19. FUNERAL DIRECTOR (NAME) A. C. McLaughlin  
(ADDRESS) 331 E. Big Bend Webster Groves Mo.

20. FILED JUN 30 1939 D. R. Meyer, M.D.  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/29, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4/17, 1939 to 6/29, 1939  
 I last saw her alive on 6/28, 1939. Death is said to have occurred on the date stated above, at 9:00 A.M.  
 The principal cause of death and related causes of importance were as follows:

acute Psych-Epileptic  
(intermittent course)  
 Date of onset 4/29/39  
 Other contributory causes of importance: Senility

Name of operation ----- Date of -----  
 What test confirmed diagnosis? ----- 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? -----  
 If so, specify -----  
 (Signed) Leo Hughes, M. D.  
(Address) Ferguson, Mo.

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**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, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**