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.

REC'D AUG 22 1939

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 404 — File No. 25872
Township Washington — Primary Registration District No. 55 8 — Registered No. 61
City Grandview, Mo (No. ..... St. ..... Ward)

2. FULL NAME 300 Vada Ann Latty
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 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: F. N. Latty
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 9, 1882
7. AGE: YEARS 57 — MONTHS 1 — DAYS 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Schuyler Co Mo 0

FATHER
13. NAME: J. N. Arnold 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo 0

MOTHER
15. MAIDEN NAME: Margaret Curtis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): F. N. Latty Grandview Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lanagan, Mo DATE July 14 1939
19. UNDERTAKER (ADDRESS): C. H. George & Sons Grandview Mo
20. FILED 8-10- 1939 Mrs J. S. T. Brennan 366 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 12, 1939
22. I HEREBY CERTIFY, That I attended deceased from June 4th 1939, to July 12 1939
I last saw her alive on June 4th, 1939. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	indefinite
94	

Other contributory causes of importance: —

Name of operation: none — Date of: —
What test confirmed diagnosis? — Was there an autopsy? —

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) B. F. Brammell, M. D.
(Address) Martin City Mo.