REC'D AUG 11 1939

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

26611
Do not use this space.

1. PLACE OF DEATH
(a) County Ralls. Registration District No. 930
(b) Township or (c) City Saline Primary Registration District No. 5-962 Registered No.
(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 21 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

326

2. PRINT FULL NAME Laura Lulu Highlower
(a) Residence, No. St.
(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 (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8th 1870

7. AGE: Years 69 Months 3 Days 1 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. Own Home -
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) Audrain Co Missouri

FATHER
13. NAME Andrew J. Yager.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky.

MOTHER
15. MAIDEN NAME Mary Ellen Berry.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know.

17. INFORMANT (ADDRESS) Mrs W. D. Lehenbauer Huntington Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Big Creek Cemetary Ralls Co Mo. DATE July 12 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wilson & Son - Monroe City Mo.

20. FILED 7/11 1939 J. E. Floyd Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9th 1939

22. I HEREBY CERTIFY That I attended deceased from June 1939 to July 9 1939
I last saw her alive on July 9 1939 Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr myocarditis	
93C	

Other contributory causes of importance:

Hypertrophic arthritis

Name of operation ..... Date of ....
What test confirmed diagnosis? Clinical 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) [illegible], M. D.
(Address) 657 601 Bldg Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 10
District File Number 8-39-1357
Date Filed 1939

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 myself, ..., Registered Apprentice No. ....., working under my personal supervision.

Signed O. W. Wilson

Licensed Embalmer No. 1696

P. O. Address Monroe City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

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