

REC'D SEP 14 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

29296
Do not use this space.

1. PLACE OF DEATH

(a) County HowellRegistration District No. 384(b) Township Spring CreekPrimary Registration District No. 5539

Registered No.

(c) City

(d) Street No.

(If death occurred in Hospital or Institution, write its name instead of street and number) St.

(e) Length of residence in city or town where death occurred 39 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.2. PRINT FULL NAME 613 Laura Lueamy Proffitt(a) Residence, No. Pottersville, Mo. 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

Fem

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFJames Milton Proffitt6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16, 1885

7. AGE

YEARS

53

MONTHS

7

DAYS

28If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.None9. Industry or business in which work
was done, as saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN) Pottersville,
(STATE OR COUNTRY) Mo.

FATHER

13. NAME Con V. Riley14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Rhode Island

MOTHER

15. MAIDEN NAME Josephine Bond16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)South Fork,Mo.17. INFORMANT J. M. Proffitt
(ADDRESS) Pottersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Pottersville, DATE Aug. 16, 193919. FUNERAL DIRECTOR (NAME) Hal Thornburgh
(ADDRESS) West Plains, Mo.20. FILED 8/16/, 1939 Wida W. Simons
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 14, 193922. I HEREBY CERTIFY, That I attended deceased from
June 1, 1936, to August 14, 1939I last saw her alive on August 13, 1939 Death is saidto have occurred on the date stated above, at 1:40 A.M.

The principal cause of death and related causes of importance were as follows:

Lateral Sclerosis

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Examination 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

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? no

If so, specify

(Signed) W. H. Proffitt

M. D.

(Address) West Plains, Mo.

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.

1 X14023

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.

RECEIVED

District Health Officer No. 5,

Signed.....

District File Number 939147

Licensed Embalmer No.

Date Filed 9-5-39

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.