

JAN 21 1939

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

44525
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois 3 Registration District No. 773
(b) Township St. Francois Primary Registration District No. 6018A Registered No. 204
(c) ~~City~~ Near Farmington 1 (d) Street No. State Hospital No. 4 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 Mary Elizabeth LaPlant

(a) Residence, No. Farmington, Mo. R. 4 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 <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louis LaPlant</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-16-1859</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>80</u> | <u>1</u> |
| | | DAYS |
| | | <u>11</u> |
| | | If LESS than 1 day,hrs. ormin. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housework</u> | |
| | 9. Industry or business in which work was done, as saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year)..... | |
| FATHER | 11. Total time (years) spent in this occupation..... | |
| | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>River Aux Vases, Missouri</u> 0 | |
| | 13. NAME <u>Louis Laburyere</u> 9 | |
| MOTHER | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> 9 | |
| | 15. MAIDEN NAME <u>Elizabeth LaRose</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> 11 | |
| 17. INFORMANT <u>Records of State Hospt. #4</u> (ADDRESS) <u>Farmington, Mo.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Farmington Catholic Cemetery</u> DATE <u>12-24</u> 19 <u>39</u> | | |
| 19. FUNERAL DIRECTOR (NAME) <u>C. T. Lloyd (Rev. Unit)</u> (ADDRESS) <u>Farmington, Mo.</u> | | |
| 20. FILED <u>Dec 31, 1939</u> <u>B. J. Robinson</u> Local Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-27 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-24, 1939, to 12-27, 1939

I last saw h. or alive on 12-27, 1939. Death is said to have occurred on the date stated above, at 2:10 a.m.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis, general, & marked
Cerebral Thrombosis
Date of onset 12/27/39

Other contributory causes of importance:
Senile Prostatic, Simple Atrophy 1934
Chronic Myocarditis (Asthma) 1934

Name of operation None Date of None
What test confirmed diagnosis? Clinical 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? No
If so, specify.....
(Signed) C. C. Ault /, M. D.
(Address) Farmington, Mo.

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

MARGIN RESERVED FOR BINDING

V. S. NO. 2.
50M-9-19-38
X18605

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, or by.....

C. J. Floyd

working under my personal supervision.

Registered Apprentice No.....

Widest and Co

Signed.....

C. J. Floyd

Licensed Embalmer No.....

3527

P. O. Address.....

Farmington Me.

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.