

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

Do not use this space.

39297

**1. PLACE OF DEATH**

County Madison Registration District No. 16 File No. \_\_\_\_\_  
 Township Wachester Primary Registration District No. 5020 Registered No. 9  
 City \_\_\_\_\_ (No. \_\_\_\_\_) Ward \_\_\_\_\_

**2. FULL NAME**

George Littleberry Laffoon  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 1 - 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
82 | 7 | 16

8. OCCUPATION OF DECEASED Retired Farmer  
 (a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Indy.

10. NAME OF FATHER Indy.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Skirley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Unknown

14. INFORMANT Sollie Trotter  
 (Address) Union Star

15. FILED Dec 18, 1928 Miss Betie Boyers  
 REGISTER

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 17 1928

17. I HEREBY CERTIFY That I attended deceased from April 1st, 1926, to May 1st, 1927, (that I last saw h. \_\_\_\_\_ alive on May 1st, 1927, and that death occurred, on the date stated above, at 7:30p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Inf. D Hemiplegia  
 (duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ da.  
 CONTRIBUTORY (SECONDARY) None  
 (duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? Yes DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) A. O. Barnes, M. D.

Dec 17, 1928 (Address) Union Star Mo  
 \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Union Star Cemetery DATE OF BURIAL 12/19 1928

20. UNDERTAKER H. Hill Wilson ADDRESS King City Mo

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.

1929

