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

Do not use this space.

2845

1. PLACE OF DEATH
County Perry — Registration District No. 663 — File No. 3
Township St Marys — Primary Registration District No. 5881 — Registered No. 3
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Laura E Duvall
(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 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-12-1849

7. AGE: 79 YEARS, 11 MONTHS, 20 DAYS. If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Perry Co Mo

PARENTS
10. NAME OF FATHER: James Nash
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Sarah Moore
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

14. INFORMANT: James Duvall
(Address) Point Rest Mo

15. FILED 1-22, 1929 Hy J. Duvall, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 21, 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1929 to Jan 21, 1929 that I last saw her alive on Jan 20, 1929, and that death occurred, on the date stated above, at 5.20 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Paralysis

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) Gastro-Enteritis

(duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? General symptoms

(Signed) E. A. Neidert, M.D.
, 19 (Address) Perryville, 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: Silver Lake Mo
DATE OF BURIAL: 1 22 1929

20. UNDERTAKER: Zoellner & Young
ADDRESS: Perryville 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.

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