

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

Do not use this space.

**1. PLACE OF DEATH**

County ANDREW  
Township EMPIRE  
City..... (No. ....)

Registration District No. 15  
Primary Registration District No. 5018

File No. 38432  
Registered No. ....  
.....St. ....Ward)

**2. FULL NAME** VIRGINIA ANN LAFFOON

(a) Residence. No. KING CITY, MO. 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 JOHN LAFFOON

6. DATE OF BIRTH (MONTH, DAY AND YEAR) FEB. 12, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 10 3

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

9. BIRTHPLACE (CITY OR TOWN) PATTONSPURG MO.  
(STATE OR COUNTRY)

10. NAME OF FATHER JOHN SEVERE

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

12. MAIDEN NAME OF MOTHER MARY THOMPSON

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

14. INFORMANT Mrs. Laffoon  
(Address) Union Star,

15. FILED Dec 30 1930 B. C. Jefferson REGISTRAR  
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**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) DEC. 15. 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 12 1930 to Dec 15 1930  
that I last saw h. .... alive on ..... 19....., and that death occurred, on the date stated above, at 12:05 A.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Myocarditis

CONTRIBUTORY (SECONDARY) NO  
(duration) ..... yrs. .... mos. .... ds.

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

19. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....  
(Signed) E. M. Reynolds M. D.  
12/15 1930 (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 DEC. 16 1930

20. UNDERTAKER H. H. Wilson ADDRESS King City

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.

DEC 19 1930

