

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

Do not use this space.

28876

1. PLACE OF DEATH
32 County DEKALB. Registration District No. 5364
Township POLK. Primary Registration District No. 262
City (No.) St. Ward

File No. 28876
Registered No. _____

2. FULL NAME HULDA ANNA LAFFOON.
(a) Residence, No. _____ St. _____ Ward. UNION STAR, MO.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 60 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) MARRIED.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 15, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GOSHEN INDIANA.

13. NAME JOHN OTT.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO.

15. MAIDEN NAME DELILIA DARR.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) INDIANA.

17. INFORMANT THOMAS LAFFOON. (ADDRESS) UNION STAR, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star DATE 9-17 1932

19. UNDERTAKER H.D. WILSON. (ADDRESS) KING CITY, MO.

20. FILED 9/16 1932 E. M. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

3 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/15/32. 1932

22. I HEREBY CERTIFY, That I attended deceased from August, 7 1932 to September, 14 1932
I last saw her alive on September 14 1932 Death is said to have occurred on the date stated above, at 3:30 A.M.

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

Carcinoma of stomach
116B
102 116B
89A
Other contributory causes of importance:
Cerebral hemorrhage induced by high blood pressure.

Date of onset
Aug. 4
1932

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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? _____
If so, specify _____
(Signed) Fuller E. Rockwood D.O. M. D.
(Address) UNION STAR, 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.

ACT 25 1932

