

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.

JAN 26 1934

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

Do not use this space.

41106

1. PLACE OF DEATH

81 County Ray Registration District No. 743 File No. _____
 Township Orick Primary Registration District No. 5978 Registered No. 19
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Lanora May Slawson

(a) Residence, No. _____ St. _____ Ward _____ (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Claude Slawson</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9/17/1905</u>				
7. AGE	YEARS <u>28</u>	MONTHS <u>2</u>	DAYS <u>23</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____			
	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) <u>Ray Co Mo</u>				
FATHER	13. NAME <u>L. L. Rinman</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray Co Mo</u>			
MOTHER	15. MAIDEN NAME <u>Viola Creason</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray Co Mo</u>			
17. INFORMANT <u>Claude Slawson</u> (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Point of Coal</u> DATE <u>12/10</u> 19 <u>33</u>				
19. UNDERTAKER <u>B. W. Gibson</u> (ADDRESS) <u>Orick Mo</u>				
20. FILED <u>12-12-33</u> <u>L. E. Elms</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/9 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 8th 1933, to Dec 9th 1933
 I last saw her alive on Dec 9th 1933. Death is said to have occurred on the date stated above, at 9 P m.
 The principal cause of death and related causes of importance were as follows:
10. Toxemia from loss of neglected Diphtheria bacillus & Laryngitis
 Other contributory causes of importance:
Care was brought to office Monday, died next day - precip.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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?
 If so, specify _____
 (Signed) Robt. Sheets, M. D.
 (Address) Orick Missouri

