

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

Do not use this space.

25138

1. PLACE OF DEATH

County Jasper
Township Waverly
City W.C. News (No.)

Registration District No. 413
Primary Registration District No. 4245

File No.
Registered No.
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward News City
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Nora Laerch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 7 - 1880

7. AGE	YEARS	MONTHS	DAY	If LESS than 1 day, or min.
	<u>54</u>	<u>6</u>	<u>28</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Candy maker

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) Indiana

13. NAME Gottlieb Laerch

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

15. MAIDEN NAME Mary Moll

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

17. INFORMANT (ADDRESS) Records

18. BURIAL, CREMATION OR REMOVAL PLACE Lansing Mo DATE July 5, 1934

19. UNDERTAKER (ADDRESS) W.C. News

20. FILED July 8, 1934 Chester Weaver Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 1934

22. I HEREBY CERTIFY That I attended deceased from June 23, 1934 to July 5, 1934
I last saw him alive on July 4, 1934 Death is said to have occurred on the date stated above, at 3:45 m.

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

Chronic Valvular Heart Disease, Mitral Myocardial Degeneration Fibroid Myocardium

Other contributory causes of importance:

23A
23B
23C

Name of operation Date of
What test confirmed diagnosis? None 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? No
If so, specify
(Signed) John S. Douglas, M. D.
(Address) News City

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.

JUL 17 1934

275-2102

JAN 18 1956