

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

Do not use this space.

31589

1. PLACE OF DEATH

County Saline Registration District No. 796 ✓
 Township Marshall Primary Registration District No. 3038
 City Marshall, Mo (No. L. Sharp) St. _____ Ward _____

File No. _____
 Registered No. 125

2. FULL NAME Lura Wingfield

(a) Residence, No. South Sharp 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 4 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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) Saline Co. (STATE OR COUNTRY) Missouri

13. NAME William H. Short

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

15. MAIDEN NAME Lucy Ann Jones

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

17. INFORMANT H.M. Wingfield (ADDRESS) Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazel Grove Cem. DATE Aug. 12, 1934

19. UNDERTAKER R.W. Campbell (ADDRESS) Marshall, Mo.

20. FILED Aug 15 1934 Helen Houston Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 18 - Aug 11, 1934.
 I last saw him alive on Aug. 10, 1934. Death is said to have occurred on the date stated above, at 12 m.
 The principal cause of death and related causes of importance were as follows:

Paralysis of bowels
123 1/2
 Other contributory causes of importance: _____
 Date of onset 8-4-34

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical 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) H. B. Putnam, M. D.
 (Address) Marshall 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.

AUG 25 1934

DEPARTMENT RECORD

1947

1. The first part of the report deals with the general situation in the country. It is noted that the economy is still in a state of depression and that the government is facing a serious financial crisis. The report also mentions that the political situation is unstable and that there is a need for a more stable government.

2. The second part of the report discusses the social conditions in the country. It is noted that the majority of the population is poor and that there is a high level of unemployment. The report also mentions that there is a need for social reforms and that the government should take steps to improve the living conditions of the people.

3. The third part of the report deals with the foreign relations of the country. It is noted that the country is in a difficult position and that it needs to establish better relations with the major powers. The report also mentions that there is a need for a more active role in international affairs.

4. The fourth part of the report discusses the military situation in the country. It is noted that the military is still a weak force and that there is a need for a more modern and efficient army. The report also mentions that there is a need for a more professional officer corps.

5. The fifth part of the report deals with the education system in the country. It is noted that the education system is still in a state of backwardness and that there is a need for a more modern and efficient system. The report also mentions that there is a need for a more professional teaching staff.

6. The sixth part of the report discusses the health and medical services in the country. It is noted that the health services are still in a state of backwardness and that there is a need for a more modern and efficient system. The report also mentions that there is a need for a more professional medical staff.

7. The seventh part of the report deals with the housing and urban planning in the country. It is noted that the housing situation is still a serious problem and that there is a need for a more modern and efficient system. The report also mentions that there is a need for a more professional urban planning staff.

8. The eighth part of the report discusses the transportation system in the country. It is noted that the transportation system is still in a state of backwardness and that there is a need for a more modern and efficient system. The report also mentions that there is a need for a more professional transportation staff.

9. The ninth part of the report deals with the communication system in the country. It is noted that the communication system is still in a state of backwardness and that there is a need for a more modern and efficient system. The report also mentions that there is a need for a more professional communication staff.

10. The tenth part of the report discusses the cultural and recreational activities in the country. It is noted that there is a need for a more modern and efficient system. The report also mentions that there is a need for a more professional cultural and recreational staff.

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Salone

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Laura Wingfield
Who died at _____ on Aug 11 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W ~~Single, married, widowed or divorced:~~ _____

Date of birth _____ Age: Years 76 Months 4 Days 7

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Analysis of bowels
Dr. A. C. Putman state he doesn't know the cause.

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? Yes

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar [Signature] Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg: Dist. No. 796

Primary Reg. Dist. No. 3038

E. J. McLaugh M.D.
[Signature]
Special Agent.

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