NOV 22 '37

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

Bohling

Do not use this space.

280

38440

1. PLACE OF DEATH

County Pettis — Registration District No. 668 — File No. ~~278~~

Township — Primary Registration District No. 3032 — Registered No. 668

City Sedalia (No. 310 West Broadway St. Ward)

2. FULL NAME Laverna C. Heaton

(a) Residence, No. 310 West Broadway 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Abraham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 27, 1839

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
97	7	7	

OCCUPATION

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

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) Ind.

FATHER

13. NAME David Byrket

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

MOTHER

15. MAIDEN NAME Parkhurst

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

17. INFORMANT (ADDRESS) Dr. A. H. Heaton Sedalia, Mo.

18. ~~[illegible]~~, CREMATION, OR ~~REMOVAL~~

PLACE Newcomer Kan. City, Mo. DATE Oct. 6, 1937, 19

19. UNDERTAKER (ADDRESS) Gillespie Funeral Home Sedalia, Mo.

20. FILED 10-5-1937 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 4/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1937, to Oct 4th, 1937

I last saw her alive on Oct 4th, 1937. Death is said to have occurred on the date stated above, at ....m.

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

Fracture of neck of right femur

Date of onset

1860

Other contributory causes of importance: Hypostatic Pneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, ~~suicide, or homicide~~? Oct/37 Date of injury ....., 1937

Where did injury occur? Fell on floor in home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. She fell on floor in her home

Manner of injury

Nature of injury Fractured femur

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Cord Bohling, M. D.

(Address) Sedalia 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.