

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

REC'D FEB 21 1939

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.

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1. PLACE OF DEATH

County Buchanan
Township St. Joseph Mo.
City 1510 St. Joseph Mo.

Registration District No. 85
Prima Registration District No. 1201

File No. 1667
Registered No. 65
St. Ward

2. FULL NAME

(a) Residence, No. 1201

Length of residence in city or town where death occurred yrs. mos. 12 ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 5 - 1938

7. AGE YEARS 9 MONTHS 9 DAYS If LESS than 1 day, hrs. or min.

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) Union Star Mo.

13. NAME Clyde Laffoon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Star Mo.

15. MAIDEN NAME Vivian Feckler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Star Mo.

17. INFORMANT Vivian Laffoon

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star Mo. DATE 1-23-39

19. UNDERTAKER R. J. Haggart

20. FILED Jan 23 1939

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-21-1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 1939, to Jan 21 1939

I last saw her alive on Jan 21 1939. Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Pneumonia, lobar primary
Date of onset 1-10-39

Other contributory causes of importance: Acetis Midea, acute bilateral
Date of 1-11-39

Name of operation Paracentesis-Cava
Date of 1-11-39

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) W. Roan Moore M. D.
(Address) St. Joseph, Mo

R. G. Taggart No. 25