

JUL 27 1929

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

Do not use this space.

25564

1. PLACE OF DEATH

County Ray
Township Richmond
City Richmond (No. 4)

Registration District No. 744
Primary Registration District No. 3035

File No. _____
Registered No. 56
St. _____ Ward) _____

2. FULL NAME

Ida Ann Laffoon

(a) Residence. No. _____ 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3rd, 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Mo.

10. NAME OF FATHER Dewey Laffoon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Richmond Mo.

12. MAIDEN NAME OF MOTHER Rosa McBowen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Richmond Mo.

14. INFORMANT (Address) Dewey Laffoon
Richmond Mo.

15. FILED July 10, 1929
E. E. Gay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 4th 1929

17. I HEREBY CERTIFY, That I attended deceased from July 3, 1929 to July 4, 1929
that I last saw him alive on July 3, 1929, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Don't know, it seemed to have
no effect when born,
APP.
1929
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) HT
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Home

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS none
(Signed) E. E. Gay, M. D.
, 19 (Address) Richmond Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Dewey Slope Cem DATE OF BURIAL 74 1929

20. UNDERTAKER A. A. Mansur ADDRESS Richmond 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.

