

WRITE PLAINLY WITH UNLOADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

Evans
JUL 31 1937

24778

1. PLACE OF DEATH
 County *St. Francois* Registration District No. *775*
 Township *Jerry* Primary Registration District No. *60210*
 City *East Bonne Terre, Mo.* St. _____ Ward) _____

2. FULL NAME *Mary Jane LaPorte*
 (a) Residence, No. _____ 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. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 10 - 1847*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<i>90</i>	<i>4</i>	<i>16</i>		

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

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) *St. Genevieve County, MO.*

13. NAME *Richard Byington*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

15. MAIDEN NAME *Rebecca Kennedy*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT *Sam Byington*
(ADDRESS) *Bonne Terre, Mo.*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Marion Chapel* DATE *6/27*, 19*37*

19. UNDERTAKER *Benjamin Smith*
(ADDRESS) *Bonne Terre, Mo.*

20. FILED *June 27, 1937* *N. W. Hawkins*
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 26, 1937*

22. I HEREBY CERTIFY, That I attended deceased from *May 1 - 1937*, to *June 26 - 1937*
 I last saw him/her alive on *June 24, 1937*. Death is said to have occurred on the day stated above, at *1:15* p. m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset *5/15*

Other contributory causes of importance: *Senility*

Name of operation _____ Date of _____
 What test confirmed diagnosis? *Physical* 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) *A. J. Evans*, M. D.
 (Address) *Bonne Terre, Mo.*

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