

MAR 27 1931

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

Do not use this space.

6794

1. PLACE OF DEATH

County St. Francois
Township
City Farmington Mo. (No.)

Registration District No. 773
Primary Registration District No. 4464

File No.
Registered No. 16
St. Ward)

2. FULL NAME

Elizabeth F. Laws

(a) Residence No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-28-1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 7 6

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Francois Co.
(STATE OR COUNTRY)

10. NAME OF FATHER James Cunningham

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Co.

12. MAIDEN NAME OF MOTHER Mellie Laws

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

14. INFORMANT Mrs. Nellie Harker
(Address) Farmington, Mo.

15. FILED 2-5-31 T. J. Robinson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 3 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1931, to Feb 3, 1931, that I last saw her alive on Jan 3, 1931, and that death occurred, on the date stated above, at 10 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Labor Pneumonia
100
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 108
(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? Clearcut Rappaport
(Signed) July 4 1931 (Address) Farmington 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 Laws Cemetery DATE OF BURIAL Feb 5 1931

20. UNDERTAKER Farmington Mo. Farmington Mo.
ADDRESS

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.

