

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

Do not use this space.

1. PLACE OF DEATH

County Madison
Township More La Motte
City (No.) St. Ward

Registration District No. 538
Primary Registration District No. 6230

File No. 17137
Registered No. St. Ward

2. FULL NAME

Elyzabeth La chance
(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. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-4-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 5 8

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

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) Iron County (STATE OR COUNTRY) Missouri

13. NAME William Stout

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

15. MAIDEN NAME Julia Adams

16. BIRTHPLACE (CITY OR TOWN) Saint Knair (STATE OR COUNTRY) Missouri

17. INFORMANT L. E. La chance (ADDRESS) Leadwood Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE More La Motte DATE May 14 1933

19. UNDERTAKER Ed. H. Webb (ADDRESS) Leadwood Mo

20. FILED 5/13 1933 Ed. H. Webb Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12 1933

22. I HEREBY CERTIFY, That I attended deceased from May 10 1933, to May 12 1933

I last saw h. alive on May 12 1933 Death is said to have occurred on the date stated above, at 10 P. m.

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

apoplexy with subsequent paralysis

Other contributory causes of importance: 92. H. S. J. W.

Name of operation none Date of 5/12/33
What test confirmed diagnosis? Was there an autopsy? +

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? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. B. Barber, M. D.
(Address) Leadwood 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.

JUN 23 1933

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