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

Do not use this space.

3419

1. PLACE OF DEATH

County *Marion* — Registration District No. *547* — File No. ....

Township *Marion* — Primary Registration District No. *3029* — Registered No. *17*

City *Hannibal* (No. *St. Elizabeth Hospital* — St. .... Ward)

2. FULL NAME *(Laura) Laura Y. McArron 2 1 5*

(a) Residence, No. *439 S. 6th* 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 foreign birth? ...... yrs. ...... mos. ...... ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 3 1874*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1
	63	— —	*28*	day, ... hrs. or ...... min.

OCCUPATION

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

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) *Indiana*

FATHER

13. NAME *Unknown*

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

MOTHER

15. MAIDEN NAME ....

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

17. INFORMANT *Mrs Clarence Brown*
(ADDRESS) *439 S. 6th Hannibal Mo*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Grandview Cemetery Park* *1-3-* ,19*38*

19. UNDERTAKER *James O'Donnell*
(ADDRESS) *Hannibal Mo*

20. FILED *Jan 15* 19*38* *H C Fisher*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 31st 1937*

22. I HEREBY CERTIFY, That I attended deceased from *12/26-1937*, 19...., to *12/31*, *37*. I last saw her alive on *12/30*, 19*37*. Death is said to have occurred on the date stated above, at *3:35*.

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

Rt Lower Lobar Pneumonia Abt Date of onset *1/26/37*

Nephritis — acute —

Myocarditis — chronic —

Other contributory causes of importance: ....

Name of operation .... Date of ....
What test confirmed diagnosis *Clinical + Laboratory*. 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) *J. C. Sulzman* , M.D.

(Address) *Hannibal Mo.*