

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.

OCT 20 1933

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

Do not use this space.

29276

1. PLACE OF DEATH

County Dunklin
Township Saline
City Laura M. Houghton (No.)

Registration District No. 290
Primary Registration District No. 5408

File No.
Registered No. 6 St. Ward

2. FULL NAME

(a) Residence, No. Laura M. Houghton St. Ward
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 4 1871</u>		
7. AGE <u>62</u>	YEARS <u>7</u>	MONTHS <u>20</u>
DAYS <u>20</u>		If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housekeeping</u>		
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) <u>Murphy, Mo. Ill.</u>		
13. NAME <u>Redd State Turman</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>		
15. MAIDEN NAME <u>Molly Pippins</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>		
17. INFORMANT <u>B. G. Houghton</u> (ADDRESS) <u>Saline, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>McDaniel Funeral Home</u> DATE <u> </u>		
19. UNDERTAKER <u>McDaniel Funeral Home</u> (ADDRESS) <u>Saline, Mo.</u>		
20. FILED <u>10-10</u> 1933 <u>H. J. Pippins</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 24 193322. I HEREBY CERTIFY, That I attended deceased from Sept 22 1933, to Sept 24 1933I last saw alive on 24 1933 Death is saidto have occurred on the date stated above, at 9⁰⁰ p.m.

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

Pericardial Malacia Date of onset 7-18-33Other contributory causes of importance: 30Name of operation no Date of 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? no 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?

If so, specify no(Signed) H. J. Pippins M. D.(Address) Saline, Mo.

