

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

Do not use this space.

10127

1. PLACE OF DEATH

County RAY  
Township Richmond  
City Richmond (No. ....)

Registration District No. 744  
Primary Registration District No. 3035

File No. ....  
Registered No. 40  
St. .... Ward

2. FULL NAME Laura Alice Magill

(a) Residence, No. .... 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 Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 1854

7. AGE 79 YEARS MONTHS 09 DAYS 22 If LESS than 1 day, .... hrs. or .... min.

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

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) Missouri (STATE OR COUNTRY)

13. NAME J.T. Patton

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

15. MAIDEN NAME PO LOT KNO

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

17. INFORMANT Henry Magill (ADDRESS) Richmond Mo.

18. BURIAL, CREMATION, OR REMOVAL Richmond Mo. DATE 3/23/34 19.

19. UNDERTAKER C. M. Jones (ADDRESS) Richmond Mo.

20. FILED 4-9 19 34 E. E. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/22/34 19

22. I HEREBY CERTIFY, That I attended deceased from 3-12 1934 to 3-21 1934

I last saw h. er alive on 3-21 1934. Death is said

to have occurred on the date stated above, at 3:15 A.M.

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

Date of onset

Hypostatic  
Pneumonia  
Arterio Sclerosis

Name of operation .... Date of ....  
What test confirmed diagnosis Cholic Was there an autopsy? No

23. If death was due to external causes (violence, fall, etc.) in any of the following: Accident, suicide, or homicide? Fracture of hip 1934

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Fracture of hip  
Nature of injury Fracture of hip

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

If so, specify

(Signed) E. E. Ray, M. D.  
(Address) Richmond, Mo.

