

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

Do not use this space.

18718

PLACE OF DEATH

County Laclede

Registration District No. 453

Township Lascomade

Primary Registration District No. 5619

City (No)

File No.

Registered No.

St. Ward)

2. FULL NAME Angelina Andersson

(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

F

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

Anderson

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

Jan 1-1859

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

68

5

28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Pulaski Co Mo

10. NAME OF FATHER

Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

14.

INFORMANT

(Address)

Mrs Frank Lambeth

Lyons Mo

15.

FILED

Jan 30 1927

L D Hartley

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

6-29

1927

17.

I HEREBY CERTIFY, That I attended deceased from

June 27, 1927, to June 29, 1927.

that I last saw her alive on June 28, 1927, and that

death occurred, on the date stated above, at 12 A.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage

82A

CONTRIBUTOR

(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) L D Hartley, M. D.

, 19 (Address) Nels of 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

DATE OF BURIAL

Wm Carney Cemetery 6/30 1927

20. UNDERTAKER

ADDRESS

Holman Stewart Lebanon 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.

THIS IS A PERMANENT RECORD

