

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

Do not use this space.

11048

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St Louis (No. 4406 N. 19th St)

File No.

Registered No. 2876

St. Ward)

2. FULL NAME

Anna Earley

(a) Residence. No. St. 9 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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 2nd 1837

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1
				day, hrs. or min.
	<u>90</u>	<u>8</u>	<u>11</u>	

8. OCCUPATION OF DECEASED

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

(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) Scotland

10. NAME OF FATHER John Mc Donald

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Scotland

12. MAIDEN NAME OF MOTHER Jessie Gordon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Scotland

14. INFORMANT (Address) Miss Jennie Earley 4406 N. 19th St

15. FILED May C. Stankley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 13 1928

17. I HEREBY CERTIFY That I attended deceased from March 13 1928 to March 13 1928 that I last saw him alive on March 13 1928, and that death occurred, on the date stated above, at 12:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Phthisis Pulmonalis
169A
162 (duration) 10 mo. 10 da.

CONTRIBUTOR (SECONDARY) Senile Debility
(duration) 1 yrs. 0 mos. 0 da.

18. WHERE WAS DISEASE CONTRACTED 100%
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Usual
(Signed) Holly Rodger M. D.
, 19 (Address) 4362 Harne

*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 Bellefontaine **DATE OF BURIAL** March 15 1928

20. UNDERTAKER Math Hermann & Son 4103rd Boursant Ave **ADDRESS**

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.

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