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

Do not use this space.

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JUL 7

1. PLACE OF DEATH

County MONTGOMERY — Registration District No. 592 — File No. 19

Township — Primary Registration District No. 4350 — Registered No.

City Montgomery (No. ..... St. ..... Ward)

2. FULL NAME MRS ANNA E. CARR

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of 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	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) I/I8/I848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	80	3	28	

8. OCCUPATION OF DECEASED

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

(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) ST LOUIS MISSOURI

PARENTS

10. NAME OF FATHER JOHN GALLIGHER

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

12. MAIDEN NAME OF MOTHER SUSAN HUTCHESON

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

14. INFORMANT RUTH CARR
(Address) MONTGOMERY CITY MO

15. FILED 5/17, 1928 S. J. Bentley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/I6/28 19

17. I HEREBY CERTIFY, That I attended deceased from May first, 1928, to 1/11 May, 1928, that I last saw her alive on May 16, 1928, and that death occurred, on the date stated above, at 8 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Bronchitis and Senility
106B
162 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic Bronchitis
..... (duration) 5 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Place of death

DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Continuous Observation

(Signed) G. E. Mews, M.D.

5-17, 1928 (Address) Montgomery City, 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
MONTGOMERY CITY CEMETERY	5/I7 19 28

20. UNDERTAKER	ADDRESS
C.W. HOPKINS	MONTGOMERY CITY 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.