JAN 23 1929 Dr Pallett

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

Do not use this space.

41412

1. PLACE OF DEATH

County Jefferson — Registration District No. 420 — File No.

Township Valle — Primary Registration District No. 5574 — Registered No. 113

City DeSoto, Mo (No. ..... St. ..... Ward)

2. FULL NAME Annie M. Kingsland

(a) Residence. No. 2½ Miles East of DeSoto 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: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: David F. Kingsland

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 10 - 1866

7. AGE: Years 63 — Months 11 — Days 6 — If LESS than 1 day, ... hrs. or ..... min.

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): St. Louis
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Seacome Belbraugh
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Leeds
(STATE OR COUNTRY): England
12. MAIDEN NAME OF MOTHER: Elizabeth A. Belbrough
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Boston
(STATE OR COUNTRY): Mass

14. INFORMANT: Mrs. Sophie Norton
(Address)

15. FILED 1/18 1928 D. C. Pauggly REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 16 1928

17. I HEREBY CERTIFY, That I attended deceased from 12-8, 1928, to 12-16, 1928, that I last saw h[illegible] alive on 12-16, 1928 and that death occurred, on the date stated above, at 11 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
11A Pneumonia
109A

11A (duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Physical

(Signed) Chas E Pallett, M. D.
2/18 1928 (Address) DeSoto 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: St. Louis, Mo — DATE OF BURIAL: Dec 19 1928

20. UNDERTAKER: R. Coxwell & Son — ADDRESS: DeSoto, 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.