

JAN 28 1929

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

Do not use this space.

42100

1. PLACE OF DEATH
County Pulaski
Township Liberty
City

Registration District No. 712
Primary Registration District No. 5941

File No. _____
Registered No. 33
St. _____ Ward _____

2. FULL NAME Anna Elizabeth Paulsell
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

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 Patton E. Paulsell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 13, 1906

7. AGE YEARS MONTHS Days IF LESS than 1 day, hrs. or min.
22 | 3 | 19 | _____

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) Newburg Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Charles R Ormsby

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

12. MAIDEN NAME OF MOTHER Amy Viola Souder

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

14. INFORMANT Patton E. Paulsell
(Address) Richland, Mo.

15. FILED 12.2, 1928. Owett A. Oliver
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 2 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1928, to Dec 2, 1928, that I last saw him alive on Dec 2, 1928, and that death occurred, on the date stated above, at 1:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
10/11/28 (duration) - yrs. - mos. - 5 da.

CONTRIBUTORY (SECONDARY) Unknown
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, at place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Blood smears, virus
(Signed) Owett A. Oliver, M. D.

12.2, 1928 (Address) Richland, 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 Newburg Mo DATE OF BURIAL Dec 4 1928

20. UNDERTAKER R. B. Pople, Richland, Mo
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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

