

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUL 27 1929

42111 a

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

Do not use this space.

42111 a

1. PLACE OF DEATH

County Putnam
Township Union
City Unionville

Registration District No. 714
Primary Registration District No. 6730

File No.
Registered No. 16
St. Ward

2. FULL NAME

Anna E. Sheaffer

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

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2. SEX Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 27 1844

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 0 27

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) Iowa

10. NAME OF FATHER J. C. Walton

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

12. MAIDEN NAME OF MOTHER Cynthia Alexander

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

14. INFORMANT Mrs. Hugh Brown (Address) Unionville, Mo.

15. FILED 12/16/28 J. H. Hahn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 24 1928

17. I HEREBY CERTIFY That I attended deceased from 1928 to Dec 24, 1928 that I last saw him alive on Dec 24, 1928, and that death occurred, on the date stated above, at 10 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS: Diphtheria Mellitus

CONTRIBUTORY (SECONDARY) 57 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) J. H. Hahn, M. D. Address: Unionville, 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
Bloomfield Iowa Dec 26 1928

20. UNDERTAKER ADDRESS
Comstock Mear Co Unionville

