

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

Do not use this space.

5700

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.

MAR 21 1929
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1. PLACE OF DEATH

County Callaway Registration District No. 104 File No. _____
 Township Unionville Prairie Primary Registration District No. 5164 Registered No. 39
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Anna Demetrius Love

(a) Residence. No. _____ 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** married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 28 1880

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
49	1	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Bachelor Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Steve Love Hunt

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

12. MAIDEN NAME OF MOTHER Mary English

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

14. INFORMANT Russell Baghead
 (Address) Fulton Mo

15. Filed Feb 9 1929 R. N. Creer
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 6 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1929, to Feb 6, 1929 that I last saw him alive on Jan 29, 1929, and that death occurred, on the date stated above, at 8:15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
131
110 (duration) 1 yrs. 0 mos. 0 ds.
CONTRIBUTORY (SECONDARY) Dyspnea
 (duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED 129 W
 IS NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
 (Signed) R. D. Owen, M. D.
 , 19 (Address) Fulton 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 Williamsping Cemetery **DATE OF BURIAL** 2/7 1929

20. UNDERTAKER C. S. Sapp
 ADDRESS Williamsping Mo

PARENTS

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