MAY 23 1929

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

Do not use this space.

13720

1. PLACE OF DEATH

County Andrew — Registration District No. 10 — File No.

Township — Primary Registration District No. 4007 — Registered No. 2

City Cosby, (No. ..... St. ..... Ward)

2. FULL NAME Lucy Ann Veeder,

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

Length of residence in city or town where death occurred 32 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 A. Veeder,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 12, 1845

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

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home,
(b) General nature of industry, business, or establishment in which employed (or employer) 2.62
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Fulton County, (STATE OR COUNTRY) New York, 2

PARENTS

10. NAME OF FATHER George Osborne,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Fulton Co., (STATE OR COUNTRY) New York, 2

12. MAIDEN NAME OF MOTHER Mary Ann Paull

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Fulton Co., (STATE OR COUNTRY) New York, 2

14. INFORMANT Mrs. Gertrude Barrett
(Address) St. Joseph, Mo.

15. FILED April 12 1929 C L Allen. REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 12 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1929, to April 12, 1929, that I last saw her alive on April 12, 1929, and that death occurred, on the date stated above, at 5:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
[illegible]
[illegible] (duration) yrs. 1 mos. 26 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis and Hypertension (duration) 1 yrs. 6 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?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C L Allen, M. D.
April 12 1929 (Address) Cosby 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
Bethel Cemetery	April 14 1929
20. UNDERTAKER	ADDRESS
F. A. Bowman	Savannah, MO.

WRITE 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.