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.

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

Do not use this space.

38754

791

1. PLACE OF DEATH

County ..... Registration District No. 1003

Township ..... Primary Registration District No. .....

City St. Louis (No. 4347 St. Ferdinand St. ..... Ward)

File No. .....

Registered No. 11173

2. FULL NAME Anna Lane

(a) Residence. No. 4347 St. Ferdinand St Ward 11 (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	Colored	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 9 1873

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
56	1	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Domestic

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Carrolton, (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Chas H. Sandford

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Luther Lane (Address) 4347 St Ferdinand St

15. FILED NOV 16 1929, 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 14 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1929 to Nov 15, 1929 that I last saw her alive on Nov 14, 1929, and that death occurred, on the date stated above, at 11 10 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

11R Pneumonia - Lobar (duration) ..... yrs. ..... mos. 4 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?

(Signed) Samuel Stafford, M. D.

Nov 15 1929 (Address) 925 N Jefferson

*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
Carrolton, Mo.	Nov 17 1929
20. UNDERTAKER	ADDRESS
W. C. Gordon Und Co	2649 Morgan St

235

29
56
73
31