

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

Do not use this space.
39957

1. PLACE OF DEATH

County Callaway
Township McCredie
City..... (No....., St..... Ward)

Registration District No. 104
Primary Registration District No. 5151

File No.....
Registered No. 260

2. FULL NAME Anna Ellen Harrison

(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 (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ashley H. Harrison

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November-15-1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
58 27

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). Housewife
(c) Name of employer

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

PARENTS
10. NAME OF FATHER James Coppedge
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Martha Lanter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana

14. INFORMANT Mrs. Vincent Carroll
(Address) St. Louis, Missouri

15. Dec 16, 29 R. N. Crews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-11-1929

17. I HEREBY CERTIFY, That I attended deceased from Steelville Missouri 1929 that I last saw her alive on 12-15-1929 and that death occurred, on the date stated above, at 5-45 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS
Killed in Automobile accident on Highway No 54 - Car was from Verdier, Unavoidable accident

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) R. H. Hall M. D.
Chesney, Callaway Co. 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 Steelville, Missouri DATE OF BURIAL Dec-14-1929

20. UNDERTAKER W. MORE-GORDON UNDERTAKING CO. ADDRESS St. Louis, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORDS OF DEATHS IN THIS STATE ARE PERMANENT RECORDS

14
20 1929

2
55

