

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.

41222a

1. PLACE-OF DEATH

County Lafayette
Township Barre
City Barre (No.)

Registration District No. 160
Primary Registration District No. 5623-63

File No.
Registered No. 27
St. Ward

2. FULL NAME

(a) Residence No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Mary Anson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 18th 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employee)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lafayette Co Missouri
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Israel Anson

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

12. MAIDEN NAME OF MOTHER Francis Dwygans

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

14. INFORMANT Earl Anson
(Address) Higginsville Mo

15. FILED P-2-30 Essie P. Porter
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 31 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1929, to Dec 31, 1929, that I last saw him alive on Dec 31, 1929, and that death occurred, on the date stated above, at 12:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
100

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. B. Webb, M. D.

Given, 1930 (Address) Higginsville

*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

Barre

1/2 1930

20. UNDERTAKER

ADDRESS

H. B. Webb Higginsville Mo

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