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.

0 1930

Dr Cunningham
30-1-25
00-10-21
4
29 ?

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

Do not use this space.

2260

1. PLACE OF DEATH
County Pike
Township Buffalo
City
Registration District No. 689
Primary Registration District No. 5917
File No.
Registered No.
(No. Pleasant Valley School Dist Ward)

2. FULL NAME Anna Ellen Myers
(a) Residence. No. Pleasant Valley School Dist 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: Elmer

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 10/21. 1900

7. AGE: YEARS 29 | MONTHS 2 | DAYS 4 | If LESS than 1 day, ...hrs. or ....min.

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)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gidgal Pike Co Ill

PARENTS
10. NAME OF FATHER: Chas. Bell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): (?)
12. MAIDEN NAME OF MOTHER: Florence Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Elmer Myers
(Address) Louisiana Mo

15. FILED 1/26, 1930 F C Haney Jr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1/25 1930

17. I HEREBY CERTIFY, That I attended deceased from 1/17, 1930, to 1/25, 1930 that I last saw her alive on 1/25, 1930, and that death occurred, on the date stated above, at 3 40 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia, Lobar
Empyema -
108
110 A
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 101 A
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at place of death
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) E C Cunningham, M. D.
1/27, 1930 (Address)

*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: Riverview Louisiana Mo
DATE OF BURIAL: 1/28 1930

20. UNDERTAKER: F C Haney Jr
ADDRESS: Louisiana Mo