

AR 28 1930

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

Do not use this space.  
5951  
H. L. Walter  
File No. \_\_\_\_\_  
Registered No. 54  
St. \_\_\_\_\_ Ward)

1. PLACE OF DEATH  
County Pettis Registration District No. 668  
Township \_\_\_\_\_ Primary Registration District No. 3032  
City Sedalia (No. 1919) So. Law St. \_\_\_\_\_ Ward)  
2. FULL NAME Annis Sophia Almgquist  
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 22 1930  
17. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1930, to Feb 22, 1930, that I last saw him alive on Feb 22, 1930, and that death occurred, on the date stated above, at 1:30 a.m. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 7 1876  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
53 11 15

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of Breast  
50  
4-7-28  
(duration) 7 yrs. mos. ds.

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

CONTRIBUTORY (SECONDARY) Metastatic Carcinoma of lung  
(duration) \_\_\_\_\_ yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Sedalia  
(STATE OR COUNTRY) Mo

18. WHETHER DISEASE CONTRACTED \_\_\_\_\_  
NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? yes DATE OF 1924  
WAS THERE AN AUTOPSY? no

10. NAME OF FATHER Peter Almgquist  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) \_\_\_\_\_  
12. MAIDEN NAME OF MOTHER Matilda Chalmers  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Sweden

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
(Signed) H. L. Walter, M. D.  
2-27-1930 (Address) Sedalia Mo

14. INFORMANT Oscar Almgquist  
(Address) Sedalia 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.

15. FILED 2-25-30 1930 J. P. Love REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Crown Hill DATE OF BURIAL 2/24 1930

20. UNDERTAKER Helgeson ADDRESS Sedalia

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

