

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

Do not use this space.

21824

1. PLACE OF DEATH

County... *Audrain* Registration District No. *26*
Township... *Attaine* Primary Registration District No. *3002*
City... *Meramec* (No.) St. Ward)

File No.
Registered No. *93* St. Ward)

2. FULL NAME

Annie E. Squires
(a) Residence. No. *803 Woodlawn* 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF *William H. Squires*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Sept. 29, 1849*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 9 28

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

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

10. NAME OF FATHER *Joseph W. Deering*

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

12. MAIDEN NAME OF MOTHER *Nancy Wynne*

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

14. INFORMANT *J. H. Squires*
(Address) *Meramec, Mo.*

15. *July 27, 1930* FILED *J. S. Milligan* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *July 26, 1930*

17. I HEREBY CERTIFY, That I attended deceased from *July 12, 1930* to *July 26, 1930*
that I last saw *her* alive on *July 25, 1930*, and that death occurred, on the date stated above, at *2:05 P. M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

*Hydatidic pneumonia,
General arteriosclerosis*

97
1113 (duration) yrs. mos. da.

CONTRIBUTORY *Senile Dementia*
(SECONDARY)

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED *Mexico Mo*

IF NOT AT PLACE OF DEATH, DATE OF *no*

DID AN OPERATION PRECEDE DEATH? *no* DATE OF *✓*

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *Physical findings*

(Signed) *J. H. Squires*, M. D.

7/25/30, 19 (Address) *Mexico 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 DATE OF BURIAL

Elmwood, Mexico, Mo. 7-28 1930

20. UNDERTAKER ADDRESS

H. A. Pracht - Elmer Mexico

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

