

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

Do not use this space.

23210

PLACE OF DEATH

County Jackson
Township Proctor
City Little Blaine (No.)

Registration District No. 400
Primary Registration District No. 2552 D

File No.
Registered No. 105
St. Ward)

2. FULL NAME Anne Rollins
(a) Residence. No. 1010 1/2 Charlotte Jackson Co Home
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 5 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 negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown
widowed
6. DATE OF BIRTH (MONTH, DAY AND YEAR)
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Alom 58

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

9. BIRTHPLACE (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

10. NAME OF FATHER Don't know

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

12. MAIDEN NAME OF MOTHER Don't know

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

14. INFORMANT County Name Records
(Address)

15. FILED James
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 27 - 1930

17. I HEREBY CERTIFY, That I attended deceased from July 25 - 30, 1930, to July 27 - 1930, that I last saw him alive on July 27, 1930, and that death occurred, on the date stated above, at 7 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac Decompensation
Arterio-sclerotic insufficiency
92A
95B (duration) yrs. mos. ds.

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

18. WHERE DISEASE CONTRACTED Don't know
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physician
(Signed) J. B. Booker M. D.

7-20-30 (Address) 2400 - Vine St

*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 Blue Ridge Lawn Cemetery DATE OF BURIAL 7-31-30
19

20. UNDERTAKER Flynn + Greenstreet ADDRESS K.C. 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. PHYSICIANS should state

AUG 20 1930

Bottom

