

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.

OCT 28 1930
12
2
7

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

Do not use this space.

32211

1. PLACE OF DEATH

County Butter
Township
City Poplar Bluff (No. _____)

Registration District No. 89
Primary Registration District No. 3007

File No. _____
Registered No. 186
St. _____ Ward _____

2. FULL NAME

Anna
(a) Residence. No. 844 Lester St., Vosloh 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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF Fred. W. Vosloh

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Jan. 6. 1871

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>59</u>	<u>9</u>	<u>2</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

Mt. Vernon Ind.

10. NAME OF FATHER

not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) not known

12. MAIDEN NAME OF MOTHER

not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) not known

14.

INFORMANT Henna Vosloh
(Address) Poplar Bluff Mo.

15.

FILED 10-14-30 Dr. B. J. Cline
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-8-1930

17. I HEREBY CERTIFY, That I attended deceased from 9-25-30, 1930, to 10-8-30, 1930, that I last saw her alive on 10-8-30, 1930, and that death occurred, on the date stated above, at 6:35 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Malaria
39
(duration) 3 yrs. 13 mos. 13 ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Poplar Bluff Mo.

DID AN OPERATION PRECEDE DEATH? no DATE OF 10/14/30

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? ohp. C. P. M. D.

(Signed) J. W. Vosloh M. D.

(Address) Poplar Bluff 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

City

DATE OF BURIAL

10-10-1930

20. UNDERTAKER

Frank M. C. Poplar Bluff

