NOV 22 1930

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

Do not use this space.

Dr. Dunnington 32 Bess Bldg.

1. PLACE OF DEATH
County Greene — Registration District No. 3181
Township — Primary Registration District No. 2001
City Springfield, Mo. (No.) 908 Kimbrough (St.) (Ward)

File No.
Registered No. 768

2. FULL NAME Annie L. Haseltine
(a) Residence. No. 908 Kimbrough 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

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 S. A. Haseltine Dec.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 1, 1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	78	11	9	

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

9. BIRTHPLACE (CITY OR TOWN) Sofa
(STATE OR COUNTRY) Canada

PARENTS
10. NAME OF FATHER James Miller
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) England
12. MAIDEN NAME OF MOTHER Marion Irvin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Scotland

14. INFORMANT Mrs. C. R. Mitchell
(Address) Springfield Mo.

15. FILED 10-11, 1930 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from July 11, 1930 to Oct. 10, 1930 that I last saw her alive on Oct 10, 1930, and that death occurred, on the date stated above, at 10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1A Cerebral Hemorrhage
1B (Apoplexy)
2 (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) old age, and slight hemorrhage (duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Physical signs

(Signed) Bert L Dunnington D.O., ~~M.D.~~ 10-11, 1930 (Address) 578 Landers Bldg.

*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 Hazelwood — DATE OF BURIAL Oct. 12, 1930

20. UNDERTAKER Alma Lapmeyer — ADDRESS 534 St. Louis Ave. St. Louis

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.