

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

Do not use this space.

20497

1. PLACE OF DEATH

County Bates Registration District No. 50
 Township Mo Pleasant Primary Registration District No. 3004
 City Butler (No. 507) Fulton Street St. _____ Ward _____

File No. _____
 Registered No. 44
 _____ St. _____ Ward _____

2. FULL NAME

Anna S. Larupson

(a) Residence, No. 507 Fulton St. 1st Ward.
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF D. N. J. Larupson

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7 1844

8. AGE YEARS 86 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

11. Date deceased last worked at this occupation (month and year) June 19 1931 12. Total time (years) spent in this occupation 55 yrs

13. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. NAME J. N. McKeen

15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

16. MAIDEN NAME Isabella Fulton

17. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

18. INFORMANT (ADDRESS) W. R. & Thompson

19. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE June 25 1931

20. UNDERTAKER (ADDRESS) Butler Mo

21. FILED June 25 1931 Mona L. Culver Registrar

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24 1931

23. I HEREBY CERTIFY, That I attended deceased from June 19 1931 to June 24 1931
 I last saw her alive on June 23 1931. Death is said to have occurred on the date stated above, at 2:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Acute Bronchitis
92A
106A
 Other contributory causes of importance:
Coronary Stenosis
 Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

24. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

25. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____

(Signed) H. E. Collins M.D.
 (Address) Butler Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUL 22 1931

