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

Do not use this space.

5611

1. PLACE OF DEATH

County: Gasconade — Registration District No. 643

Township: — Primary Registration District No. 3-8352

City: — (No. ... St. ... Ward)

File No. ...

Registered No. ...

2. FULL NAME: Anzoh Hattie Jewell

(a) Residence. No. 2521 Broadway St. Louis Mo
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

AG 28 1932

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: Steve Anzal

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

7. AGE: Years 28 | Months UK | Days UK | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife 235

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rosebud Mo

PARENTS

10. NAME OF FATHER: Andy Tourvet

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

12. MAIDEN NAME OF MOTHER: Elberta Bucan

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

14. INFORMANT: Steve Anzal
(Address)

15. FILED: April 12, 1932 Leanora Johnson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 8 1932

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at ... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Seizure
induced by Alcohol
FIVE
5 d. (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY): Alcoholism
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? (5)

DID AN OPERATION PRECEDE DEATH? ... DATE OF ...

WAS THERE AN AUTOPSY? ...

WHAT TEST CONFIRMED DIAGNOSIS? ...

(Signed) E. L. Meads Coroner, M. D.

, 19 (Address) Bonnots Mill 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: Sullivan Mo

DATE OF BURIAL: Feb. 13 1932

20. UNDERTAKER: Schaeffer Bros

ADDRESS: Sullivan

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.