

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

E. L. Anderson
Do not use this space.

8110

1. PLACE OF DEATH

39 County *Spokane* Registration District No. *318*
3 Township *Spokane* Primary Registration District No. *2001*
5 City *Spokane* (No. *715*) St. *S. Newton* Ward *236*

2. FULL NAME

(a) Residence, No. *715 S. Newton St.* Ward. *236*
(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 <i>F.</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Hansen Ahmed</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>March 23-1896</i>		
7. AGE YEARS <i>45</i>	MONTHS <i>11</i>	DAYS <i>29</i>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Cannery</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>236</i>		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo</i>		
13. NAME <i>Joe Valmer</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo</i>		
15. MAIDEN NAME <i>Lucy Williams</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo</i>		
17. INFORMANT (ADDRESS) <i>Hansen Ahmed</i> <i>715 S. Newton</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Balloua</i> DATE <i>3/24</i> 19 <i>23</i>		
19. UNDERTAKER (ADDRESS) <i>German Rosemary</i> <i>Spokane</i>		
20. FILED <i>5-23</i> 19 <i>23</i> <i>For Sharp</i> Registrar		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3/22/1923*

22. I HEREBY CERTIFY, That I attended deceased from *March 19* 19*23* to *3/22* 19*23*
I last saw him alive on *3/22* 19*23*. Death is said to have occurred on the date stated above, at *14* 0 m.
The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus and Nephritis with hypertension
Date of onset *5-9-1922*

Other contributory causes of importance:
5-9-1922

Name of operation *Admission* Date of *1923*
What test confirmed diagnosis? *Admission* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *no* Date of injury *1923*
Where did injury occur? *no* (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *no*
Nature of injury *no*

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify *no*
(Signed) *E. L. Anderson* M. D.
(Address) *200 Bushing*

240

7