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.

APR 29 1932

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

Do not use this space: 9850

1. PLACE OF DEATH
95 County Ste. Genevieve — Registration District No. 780 — File No.
Township Jackson — Primary Registration District No. 6028 — Registered No. 14
City (No. , St. Ward)

2. FULL NAME ANNA M. SCOBLE
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

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: JOSEPH M. SCOBLE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): FEB 3 1848

7. AGE: YEARS 84 — MONTHS 1 — DAYS 8 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: AT HOME 23
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 93
10. Date deceased last worked at this occupation (month and year): 97
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): CHESTER ILLINOISE

FATHER
13. NAME: BENJIMAN R. WALLACE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MOSCOW KENTUCKEY

MOTHER
15. MAIDEN NAME: MATILDA AMN MURPHY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): FARMINGTON MISSOURI

17. INFORMANT (ADDRESS): MRS HATTIE M. PRIMO KINSEY MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE DANBY MO. DATE MAR 13 1932

19. UNDERTAKER (ADDRESS): John Basler Ste. Genevieve Mo

20. FILED Mar 12, 1932 T. W. Douglas Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1932 to March 11, 1932
I last saw her alive on March 9, 1932 Death is said to have occurred on the date stated above, at 11 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1929
Other contributory causes of importance:	
Arteriosclerosis	1920
Chronic Myocarditis	1920

23

Name of operation NO Date of
What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. 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

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) Arthur E. Sexauer, M. D.
(Address) Ste Genevieve Mo