

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

Do not use this space.

14159

**1. PLACE OF DEATH**

County ..... Registration District No. 731  
 Township ..... Primary Registration District No. 1003  
 City St. Louis Mo. (No. 104th S. Channing) ..... St. 3491 (Ward)

**2. FULL NAME** Anna Laura

(a) Residence, No. 104th South Channing Ave. 2nd 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 <u>Female</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widow</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 11 1883</u>		
7. AGE	YEARS <u>48</u>	MONTHS <u>7</u>
	DAYS <u>25</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>Housework</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
12. BIRTHPLACE (CITY OR TOWN)..... <u>Cherry Tenn, 2</u> (STATE OR COUNTRY)		
FATHER	13. NAME <u>Henry Cherry</u>	
	14. BIRTHPLACE (CITY OR TOWN)..... <u>Cherry Tenn,</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Anna (Henry) Jones</u>	
	16. BIRTHPLACE (CITY OR TOWN)..... <u>Cherry Tenn.</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Mattie Baquell</u> (ADDRESS) <u>104th South Channing Ave</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Blytheville Ark.</u> DATE <u>4-10-1932</u>		
19. UNDERTAKER <u>Edith Funeral Home</u> (ADDRESS) <u>2820 Stoddard St.</u>		
20. FILED <u>APR 29 1932</u> Registrar <u>[Signature]</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-5-1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on ..... 19..... 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:  
Chronic Myocarditis  
Chronic Interstitial Nephritis

Other contributory causes of importance:  
935 / 3 / 7

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

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 No injury  
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify [Signature]  
 (Signed) [Signature] M.D.  
 (Address) [Signature] Coronier

4/6/32 Registrar

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.

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