

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

Do not use this space.

1. PLACE OF DEATH

97 County Saline Registration District No. 796
 5 Township _____ Primary Registration District No. 3038
 7 City Marshall (No. Fitzgibbons Hosp.) St. _____ Ward) _____
 2. FULL NAME Annie E. Blosser
 (a) Residence, No. _____ St., _____ Ward. _____
 (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.

File No. 14943
 Registered No. 42

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. J. Blosser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7, 1859
 7. AGE YEARS 72 MONTHS 8 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 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) Cooper Co. Mo. 1

MOTHER FATHER 13. NAME Henry Otte

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 1

15. MAIDEN NAME Cynthia Clawson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 2

17. INFORMANT E. J. Blosser
 (ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cem. DATE Apr. 3, 1932

19. UNDERTAKER Vandever Mortuary
 (ADDRESS) Marshall, Mo.

20. FILED 4-8 1932 Mrs. John H. McGuire
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 1, 1932
 22. I HEREBY CERTIFY, that I attended deceased from Oct. 15, 1919 to Apr. 1, 1932
 I last saw him alive on Apr. 1, 1932 Death is said to have occurred on the date stated above, at 4:30 a. m.
 The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus Date of onset 1916
Influenza 5-21-32
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Lab. 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) Marshall, M. D.
 (Address) Marshall, 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.

MAY 28 1932

