

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

Do not use this space.

16744

1. PLACE OF DEATH
 62 County Madison Registration District No. 538
 1 Township _____ Primary Registration District No. 8024
 4 City Fredericktown (No. _____) St. _____ Ward _____

2. FULL NAME Laura A. Anthony
 (a) Residence No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

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 Edward S. Anthony

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25-1932

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>80</u>	<u>2</u>	<u>12</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Madison Co. Mo.

13. NAME L. J. Nigang

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co Mo.

15. MAIDEN NAME Amanda Casathess

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co Mo.

17. INFORMANT (ADDRESS) E. S. Anthony Fredericktown Mo.

18. BURIAL, CREMATION, OR REMOVAL Christian Burial 5/10 1932

19. UNDERTAKER (ADDRESS) Ed. H. Welp Fredericktown Mo

20. FILED May 21, 1932 O. W. W. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 1932

22. I HEREBY CERTIFY, That I attended deceased from July 27 1928, to May 7 1932
 I last saw her alive on Apr. 28 1932 Death is said to have occurred on the date stated above, at 10:50 P.M.
 The principal cause of death and related causes of importance were as follows:
Thrombosis of coronary arteries with atherosclerosis. High blood pressure.
 Other contributory causes of importance: General senile atrophy

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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) W. Harry Garrison M. D.
 (Address) Fredericktown 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.

JUN 23 1932

OCT 8 1945