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

Do not use this space.

20754

1. PLACE OF DEATH 96
County St Louis — Registration District No. 1123 — File No.
Township Carondelet — Primary Registration District No. 6348 E — Registered No. 196
City (No. N J H Rose St. Ward)

2. FULL NAME Anna Biggs
(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 Fm
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wd
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1 1854
7. AGE YEARS 77 MONTHS 6 DAYS 7 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hause Work
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) Mo

FATHER
13. NAME Joseph Lansonsome
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) M. G. Larberg Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Cape Girardeau DATE June 13 1932
19. UNDERTAKER (ADDRESS) Larberg Vend Co. Cape Girardeau
20. FILED June 13 1932 L. C. Obrock M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-12, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1929, to 6-12, 1932
I last saw her alive on 6-12, 1932 Death is said to have occurred on the date stated above, at 11 45 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T. B.	
Hypertension 234	
Arterio Sclerosis 97	

Other contributory causes of importance:

23 (1)

Name of operation Date of
What test confirmed diagnosis? 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?
If so, specify
(Signed) Charles Ehlers, M. D.
(Address) 9101 So Broadway

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.

JUL 27 1932