

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.

49
5
7
23 1932

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

Do not use this space.
26470

1. PLACE OF DEATH

County... Jeffer
Township... Tharion
City... Carthage (No., St., Ward)

Registration District No. 408
Primary Registration District No. 9020

File No.
Registered No.
St. Ward)

2. FULL NAME

Ann Amanda Dent

(a) Residence, No. 1015 Leys St., Ward.

Length of residence in city or town where death occurred 48 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

Eol. John C. Dent

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct. 22, 1835

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

96

10

5

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)

Jefferson City,
Missouri

FATHER

13. NAME

Edwin Schurle

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

Unknown,
Missouri

MOTHER

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT
(ADDRESS)

Mrs. Lucy Simpson
Carthage, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Carthage DATE Aug. 29, 1932

19. UNDERTAKER
(ADDRESS)

Small Mortuary
Carthage, Missouri

20. FILED

8/29, 1932 E. H. Krehman
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Aug. 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from

Mar 3, 1932 to Aug 27, 1932

I last saw her alive on Aug 20, 1932. Death is said
to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

General arterio-sclerosis 1928

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury

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) W. A. La Zelle, M. D.

(Address) Carthage, Mo

