

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.

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

Do not use this space.

29714

## 1. PLACE OF DEATH

57 County Lincoln  
Township \_\_\_\_\_  
City Froy (No. \_\_\_\_\_)

Registration District No. 491  
Primary Registration District No. 4298

File No. \_\_\_\_\_  
Registered No. 69  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Abbie Antenuith  
(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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Antenuith</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 12 - 1866</u>		
7. AGE YEARS <u>66</u>	MONTHS <u>4</u>	DAYS <u>30</u>
If LESS than 1 day, _____ hrs. or _____ min.		

## 8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

## 9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Edward Rehart  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany (STATE OR COUNTRY) 10  
12. MAIDEN NAME OF MOTHER Mary Nagel  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany (STATE OR COUNTRY) \_\_\_\_\_

## 14.

INFORMANT Mrs Gen Groch  
(Address) \_\_\_\_\_

## 15.

FILED 9-1-32 W. P. Smith  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 1 1932

17. I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1932, to Sept. 1, 1932, that I last saw him alive on Sept. 1, 1932, and that death occurred, on the date stated above, at 1:30 p.m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

1. Lobar Pneumonia  
2. Tripelax  
3. Edema of breasts - recurrent (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## CONTRIBUTORY (SECONDARY)

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? yes DATE OF 1931WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical only  
(Signed) H. S. Harris, M. D.

, 19 (Address) Froy, Mo.

\*State the DISEASE CAUSING DEATH, in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 19. PLACE OF BURIAL, CREMATION, OR REMOVAL

## DATE OF BURIAL

Central Cemetery9-3-32

## 20. UNDERTAKER

## ADDRESS

RossClayton

