

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

Do not use this space.

31762

1. PLACE OF DEATH
 24 County Clay Registration District No. 198
 22 Township Fishing River Primary Registration District No. 3011
 4 City Excelsior Springs (No. _____) St. _____ Ward _____

2. FULL NAME Anna M Loler
 (a) Residence, No. Excelsior Springs Sanitarium Ward. _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 23 yrs. # mos. # ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William P. Loler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1857

7. AGE YEARS 85 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 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) Ireland

FATHER
 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Dr. W. J. Loler
 (ADDRESS) St. Louis Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Mo DATE Oct 31 1932

19. UNDERTAKER John C. Prother
 (ADDRESS) Excelsior Springs Mo.

20. FILED Oct 31 1932 J. D. Oraven
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30th 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27 1932 to Oct. 29 1932
 I last saw h. e. alive on Oct. 29 1932 Death is said to have occurred on the date stated above, at 6:40 A. M.
 The principal cause of death and related causes of importance were as follows:
branched pneumonia Date of onset _____
9 yr
1931
J. D. Oraven
 Other contributory causes of importance: Mild Dyspnea ①

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? no
 If so, specify _____
 (Signed) J. D. Oraven M. D.
 (Address) Excelsior Springs Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOV 23 1932

