

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

Do not use this space.

1. PLACE OF DEATH

70 County Montgomery Registration District No. 591
 Township Pratt Primary Registration District No. 5789
 City Middletown (No.) St. Ward)

File No. 24393
 Registered No.

2. FULL NAME

Anna Laura Hallie
 (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 29 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) widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widow of P. W. Hallie
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb - 18 - 1872
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 11 19
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
 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) Jan 30 1933 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER FATHER 13. NAME Jessie J. Alderson

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

15. MAIDEN NAME Virginia Ann Dunbar

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

17. INFORMANT (ADDRESS) Letta Becht Middletown, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Middletown DATE Jan 31 1933

19. UNDERTAKER (ADDRESS) W. R. Ruppert Wellsville, Mo.

20. FILED Feb 2 1933 M. A. Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30th 1933

22. I HEREBY CERTIFY That I attended deceased from Jan 2 3rd 1933, 1933, to Jan 20th 1933, 1933
 I last saw her alive on Jan 20th 1933, 1933. Death is said to have occurred on the date stated above, at 10 A. M.
 The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis
82 B
99 82 B

Date of onset

Other contributory causes of importance:
Cerebral Emboli

Name of operation Date of
 What test confirmed diagnosis? White 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? no
 If so, specify
 (Signed) A. Herich, M. D.
 (Address) Middletown, 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.

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