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

Do not use this space.

10588

File No.
Registered No. 73

1. PLACE OF DEATH
County Pettis
Registration District No. 668
Township
Primary Registration District No. 3032
City Sedalia (No. 11 E. Ingram St. Ward)

2. FULL NAME Anna Louise Lerkin

(a) Residence, No. 11 E. Ingram St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 54 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: John F. Lerkin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 28, 1852

7. AGE: Years 80 | Months 4 | Days 10 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
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.: Home
10. Date deceased last worked at this occupation (month and year): 108
11. Total time (years) spent in this occupation: 13

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo

FATHER
13. NAME: John H. Shultz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Anna L. Schwartz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): John J. Lerkin, Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Crown Hill DATE: 3/11, 1933

19. UNDERTAKER (ADDRESS): McLaughlin Bros, Sedalia Mo

20. FILED: 3-9, 1933 J. E. Love, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 6, 1933, to Mar 8, 1933.
I last saw her alive on Mar 8, 1933. Death is said to have occurred on the date stated above, at 3:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia, Chr. Interstitial nephritis with Uremia Floating Kidney (I.)	Jan 20, 1933.
Other contributory causes of importance: Mitral incompetency	Aug 1913

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) Edwin D. Holbert M.D.
(Address) 412½ S. Ohio, Sedalia 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.