

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.

12016
23

File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Sevier
Township Richland
City Sevier (No. _____)

Registration District No. 821
Primary Registration District No. 6070

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7 1933
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 0 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) Sevier, Mo

13. NAME Raymond Anflenberg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo, Mo

15. MAIDEN NAME Geneva Andrus
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sevier, Mo

17. INFORMANT Raymond Anflenberg (ADDRESS) Sevier, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sevier DATE 3/17 1933

19. UNDERTAKER (ADDRESS) Sevier, Mo

20. FILED 4/10/33 Yellow Springs Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 13, 1933, to Mar 17, 1933. I last saw her alive on Mar 17, 1933. Death is said to have occurred on the date stated above, at 1240 a.m.

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

Scarlet Fever Date of onset Mar 15-33
108 108

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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? _____
If so, specify _____

(Signed) Howard M. Hardy, M. D.
(Address) Sevier, Mo

