

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

Do not use this space.

29496

1. PLACE OF DEATH

47 County Mon Registration District No. 391
Township arcadia Primary Registration District No. 5546a
City (No. _____) St. _____ Ward _____

File No. _____

Registered No. 42

2. FULL NAME

Anna Elizabeth Olsen
(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2 - 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 2 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Roselle Mo

13. NAME James Blankenship

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roselle Mo

15. MAIDEN NAME Effie McDonald

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roselle Mo

17. INFORMANT J. A. Olsen
(ADDRESS) Arcadia Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cave Cemetery DATE 9/10 1933

19. UNDERTAKER Richt + Clarke
(ADDRESS) Montic Mo.

20. FILED Sept. 9 1933 R. A. Rasche
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 7 1933 to Sept 7 1933

I last saw her alive on Sept 7 1933 Death is said

to have occurred on the date stated above, at _____ a.m.

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

Malarial Fever Date of onset _____

38
1490 38

Other contributory causes of importance:
Gave birth to Baby Aug 31
1933

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) Edward R. Barnhouse, M. D.

(Address) Montic Mo

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

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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