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.

JUN 20 1934

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

Do not use this space.
19949

1. PLACE OF DEATH
County Dade
Township Lockwood
City Lockwood (No. ..... St. ..... Ward)
Registration District No. 238
Primary Registration District No. 4145
File No. .....
Registered No. .....

2. FULL NAME Anna Belle Lohoff
(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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF P Lohoff
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12-1870
7. AGE YEARS 64 MONTHS 8 DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) Ill

FATHER
13. NAME Hugh Elderton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

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

17. INFORMANT (ADDRESS) P. Lohoff
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lockwood DATE June 7 34
19. UNDERTAKER (ADDRESS) E Ray Caldwell Lockwood Mo
20. FILED 6-10, 1934 J A White Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1934
22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934, to June 6, 1934
I last saw her alive on June 6, 1934 Death is said to have occurred on the date stated above, at 11 35 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	6/6/34
46E	
46	

Other contributory causes of importance:
Cancer of the liver unknown

Name of operation none 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) Paul E Pinkston DO ~~M. D.~~
(Address) Lockwood Mo