

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.

AUG 16 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Laclede
 Township Hooker
 City _____ (No. _____)

Registration District No. 1042
 Primary Registration District No. 5614

File No. 25245
 Registered No. 04 St. _____ Ward _____

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>unmarried</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mattie Marshall</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 26 1857</u>		
7. AGE	YEARS	MONTHS
	<u>77</u>	<u>4</u>
		DAYS
		<u>24</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Carpenter</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>_____</u>
	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) <u>Richville Mo.</u>
--

FATHER	13. NAME <u>Robert F. Ansell</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richville Mo.</u>

MOTHER	15. MAIDEN NAME _____
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richville Mo.</u>

17. INFORMANT (ADDRESS) <u>Oliver W. Ansell</u> <u>1108 South 1st St. St. Louis</u>
--

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brookview Cem.</u> DATE <u>7/22</u> 19 <u>34</u>

19. UNDERTAKER (ADDRESS) <u>Josephine Martin</u> <u>124 S. 1st St. St. Louis</u>

20. FILED <u>7/24</u> 19 <u>34</u> <u>Josephine Martin</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>July 20</u> 19 <u>34</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>July 19</u> 19 <u>34</u> , to <u>July 20</u> 19 <u>34</u> I last saw <u>deceased</u> alive on <u>last night</u> <u>July 19</u> 19 <u>34</u> . Death is said to have occurred on the date stated above, at <u>10:10 P.M.</u> The principal cause of death and related causes of importance were as follows:

Date of onset <u>July 19</u> 19 <u>34</u>
Other contributory causes of importance: <u>Cerebral Hemorrhage</u>

Name of operation <u>Brain</u> Date of _____
What test confirmed diagnosis? <u>biopsy</u> Was there an autopsy? <u>yes</u>

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? <u>no</u> If so, specify _____ (Signed) <u>J. H. Scott</u> , M. D. (Address) <u>St. Louis, Mo.</u>
