

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.

60

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

Do not use this space.

1 FEB 26 1935

2009

1. PLACE OF DEATH

County McDonnell
Township Anderson
City (No. _____) _____ St. _____ Ward _____

Registration District No. 514
Primary Registration District No. 5688

File No. _____
Registered No. _____

2. FULL NAME

(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 <u>female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>✓</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 14-1934</u>		
7. AGE	YEARS	MONTHS
		1
		7
		7
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u>		
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) <u>Anderson Mo</u>		
13. NAME <u>Ernest Anghe</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nebraska</u>		
15. MAIDEN NAME <u>Margaret Dale</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT <u>Ernest Anghe</u> (ADDRESS) <u>Anderson Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Anderson Mo</u> DATE <u>Jan 22 1935</u>		
19. UNDERTAKER <u>Geo Paternus Mrs C</u> (ADDRESS) <u>Anderson Mo</u>		
20. FILED <u>Jan 29 1935</u> Mrs Lee Harber Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21 1935

22. I HEREBY CERTIFY That I attended deceased from Dec 14 1934 to Jan 21 1935
I last saw her alive on Jan 19 1935. Death is said to have occurred on the date stated above, at 6 A m.
The principal cause of death and related causes of importance were as follows:
Larynged
Pneumonia
Date of onset Jan 19 1935

Other contributory causes of importance:
10

Name of operation _____ Date of _____
What test confirmed diagnosis none 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? no
If so, specify _____
(Signed) J B Davis M. D.
(Address) Anderson Mo

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