

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.

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

Do not use this space.

MAR 21 1935

1. PLACE OF DEATH

County Clark
Township Grant
City Revere (No. _____)

Registration District No. 192
Primary Registration District No. 5268

File No. 4710
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Elizabeth Merle Anthony
(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 Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17 1932
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2 8 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Clark Co., Mo.
13. NAME Overett Anthony
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark Co., Mo.
15. MAIDEN NAME Vera Irene Best
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark Co., Mo.

17. INFORMANT Overett Anthony (ADDRESS) Revere Mo
18. BURIAL, CREMATION, OR RECOVERY PLACE Peaboville Mo DATE Feb 15 1935

19. UNDERTAKER J. W. Epperhart (ADDRESS) Revere Mo
20. FILED Feb 15 1935 J. L. McConnell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13 1935
22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1935 to Feb 13 1935
I last saw her alive on Feb 12 1935 Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset _____
Other contributory causes of importance: 108

Name of operation _____ 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? If so, specify _____
(Signed) J. L. McConnell, M. D.
(Address) Revere Mo

