JUL 1 1935

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

Do not use this space.

1.8758

File No. 3

Registered No. 16

1. PLACE OF DEATH

County: Texas

Township: Lynch

City: (No. , St. Ward)

Registration District No. 883

Primary Registration District No. 6138

2. FULL NAME: Annie C. Vanstratten

(a) Residence, No. Houston, Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fmale

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widdow

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Philip Vanstratten

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 11 1859

7. AGE: Years 66 Months 11 Days 12 If LESS than 1 day, hrs. or min.

OCCUPATION

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

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: 50 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Erie Pa

FATHER

13. NAME: Geo Loudenschlager

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Erie Pa

MOTHER

15. MAIDEN NAME: Sorah Barbara Loudenschlager

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Erie Pa

17. INFORMANT (ADDRESS): arthur Vanstratten Licking Mo

18. BURIAL, CREMATION, OR REMOVAL. PLACE: Antioch Cemetery DATE: June 2 1935

19. UNDERTAKER (ADDRESS): Smith-Ferguson Licking, Mo.

20. FILED: June 10 1935 Julia Keeney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 30 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19

I last saw him alive on , 19 Death is said to have occurred on the date stated above, at m.

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

Angina Pectoris

Died suddenly

Date of onset

Other contributory causes of importance:

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) Leslie Randall, M. D.

(Address) Licking 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.