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

NOV 27 1935

Do not use this space.

34789

File No.

Registered No. 112

1. PLACE OF DEATH

County St. Louis City

Registration District No. 1160

Township

Primary Registration District No. 4470

City University City (No. 6955 Waterman St. Ward)

2. FULL NAME Anna Deeds Law

(a) Residence, No. 6955 Waterman 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Orison H. Law

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 8, 1858

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 77 | 1 | 6 | |

OCCUPATION

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

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) Penn

FATHER

13. NAME Unknown Deeds

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT W. D. Law
(ADDRESS) 6955 Waterman

18. ~~BURIAL, CREMATION~~, OR REMOVAL

PLACE Centerville Ia. DATE Oct. 14, 1935

19. UNDERTAKER Drehmann Harrel
(ADDRESS) 1905 Union Blvd.

20. FILED Oct. 14, 1935 Lena V. Moeller D.C. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1935, to Oct. 14, 1935

I last saw he alive on Oct. 13, 1935. Death is said to have occurred on the date stated above, at 2 a.m.

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

Cerebral Hemorrhage — Date of onset Oct. 13th

Other contributory causes of importance: Bronchitis - Arteriosclerosis Diabetes Mellitus

Name of operation ——— Date of

What test confirmed diagnosis? Clinical 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) P. Forhans, M. D.

(Address) Lafayette Bld. St. Louis Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dire [illegible]

4.5 oz. Olive