

JUN 25 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

20325

1. PLACE OF DEATH

County Pettis
 Township Prairie
 City Sedalia (No. _____)

Registration District No. 668
 Primary Registration District No. 5890

File No. 162-167
 Registered No. 6681
 St. _____ Ward _____

2. FULL NAME

Elmer Hoard Annett

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
11 7 9

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) Country Mo

13. NAME Earl Annett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia Mo

15. MAIDEN NAME Bessie Hoard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warsaw Mo

17. INFORMANT (ADDRESS) Carl Annett
Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Green Ridge DATE May 24

19. UNDERTAKER (ADDRESS) Erving Sedalia Mo

20. FILED May 23 1936 John Slack
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1936

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1936, to May 22, 1936.
 I first saw him alive on May 21, 1936. Death is said to have occurred on the date stated above, at 6 P. m.

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

Lymphatic Leukemia Date of onset Apr 30

Other contributory causes of importance

Name of operation none Date of _____

What test confirmed diagnosis? Blood by 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) Alfred G. Housner, M. D.

(Address) 110 W 4 Sedalia 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.

