

AUG 19 1936

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

Do not use this space.

26053

1. PLACE OF DEATH

County Dade
Township Polk
City Everton, R2

Registration District No. 235
Primary Registration District No. 5322

File No. _____
Registered No. 16

2. FULL NAME Anna E LaRue

Anna E LaRue

(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 deceased _____ yrs. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, OR DIVORCED _____
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Schell Larsen

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 12, 1863

22. I HEREBY CERTIFY, That I attended deceased from to the first year 1935, to _____ 19____
I last saw her alive on June 8, 1936. Death is said to have occurred on the date stated above, at 5.30 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. _____ min.

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

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 _____

Date of onset

Myocardial degeneration
4.05 m duration
Other contributory causes of importance:
Smoking didn't quit
eat much

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade County Missouri

Name of operation None Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

13. NAME William Denby

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

15. MAIDEN NAME Anna Patterson

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

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.

17. INFORMANT (ADDRESS) Mrs. H. L. Rains, Everton Mo

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 7-13-36 19____

19. UNDERTAKER (ADDRESS) Brim Funeral Home Walnut Grove, Mo

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Charles H. McPhie, M. D.
(Address) Ash Grove Mo

20. FILED _____ 19____ Registrar _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Boone Registration District No. 235
 Township Rock Primary Registration District No. 5322
 City (No.) St. Ward

File No. 26053
 Registered No.

2. FULL NAME Anna E. Larew

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 9 -

OCCUPATION
 8. Trade, profession, or particular kind of work done, as aptner, 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)

MOTHER FATHER
 13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED July 14 1936 Morris V. ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12 1936

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

I last saw h..... 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:

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) Chas. H. M. Haffner M. D.
 (Address) Ark. Home Mrs

S-26053