

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

Do not use this space.

**JAN 29 1937**

**858**

1. PLACE OF DEATH  
 36 County Franklin Registration District No. 294  
 Township Central Primary Registration District No. 5409B  
 City St. Clair (No. .... St. .... Ward)

2. FULL NAME Annie Carlson  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 1, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 27 1935 to Jan 1 1937.  
 I last saw her alive on Jan 1, 1937. Death is said to have occurred on the date stated above, at 1 A m.  
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16, 1868  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
68 8 16

Influenza  
 Date of onset Dec 29/36

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

Other contributory causes of importance:  
Hypertensive Congestive Pneumonia; Dec 31/36  
Rheumatic Arthritis & Myocarditis ?  
Carditis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

Name of operation  
 What test confirmed diagnosis? Plu. Symp. Was there an autopsy? No

13. NAME Carl Johnson

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

15. MAIDEN NAME Not known

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

17. INFORMANT A. B. Carlson  
 (ADDRESS) Union Ho.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Clair Cemetery No. DATE Jan. 3, 1937

19. UNDERTAKER J. M. Casey & Co.  
 (ADDRESS) St. Clair, Mo.

20. FILED Jan 5 1937 W. J. Duckworth  
 Registrar.

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury  
 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) C. F. Friedleb, M. D.  
 (Address) St. Clair, 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.

