FEB 19 1937

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

Do not use this space.

1. PLACE OF DEATH
16 County Osage
Township [illegible]
City Linn R. D. (No. 2 St. Ward)

Registration District No. 440
Primary Registration District No. 5849

File No. 2481
Registered No. 4

2. FULL NAME Anna Deeken
(a) Residence, No. Linn R. D. 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) Baby
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Baby
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19-37
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or 20 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
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) Linn Mo R. D.

FATHER
13. NAME August Deeken
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maries Co Mo

MOTHER
15. MAIDEN NAME Henrietta Renneke
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maries Co Mo

17. INFORMANT (ADDRESS) August Deeken Linn R. D.
18. BURIAL, CREMATION, OR REMOVAL
PLACE St Georges Cemetery DATE Jan 21 1937
19. UNDERTAKER (ADDRESS) Morton Funeral Home Linn Mo
20. FILED Jan 21 1937 Mrs Dora Jett Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19 1937
22. I HEREBY CERTIFY, That I attended deceased from 1-19-37, 19, to 1-19-37, 19
I last saw her alive on 1-19-37, 19 Death is said to have occurred on the date stated above, at 8 P.m.
The principal cause of death and related causes of importance were as follows:
Barnaline. Heart beat for 20 minutes. No breathing. Cause of death undetermined
Date of onset
Other contributory causes of importance:
Name of operation — Date of
What test confirmed diagnosis? 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?
If so, specify
(Signed) H. C. Hume M.D., M. D.
(Address) Linn 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.