

JUN 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County Chease
Township Benton
City Chambers Mo (No. 2)

Registration District No. 639
Primary Registration District No. 5848

File No. 20869

Registered No. _____
St. _____ Ward _____

2. FULL NAME Lena A. Anthony

(a) Residence, No. Chambers Mo St. _____ Ward _____

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5-1912

7. AGE YEARS 24 MONTHS 9 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

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

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) St. Aubert (STATE OR COUNTRY) Mo

13. NAME John F. Anthony

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

15. MAIDEN NAME Lena Pearl

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

17. INFORMANT Mrs J. H. Anthony (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Chambers DATE May 13 1937

19. UNDERTAKER Mortuary, Tusculum Home (ADDRESS) Chambers Mo

20. FILED 5-13 19 Esther Sneider Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-11 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1935, to 5-11, 1937

I last saw him alive on 5-11, 1937 Death is said to have occurred on the date stated above, at 10A m.

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

Bilateral Pulmonary T. B. Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Ray. C. P. X. 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) W. U. McPhelly, M. D.
(Address) Chambers 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.

