

OCT 19 1937

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

Do not use this space.

34103

## 1. PLACE OF DEATH

County DouglasRegistration District No. 272Township BentonPrimary Registration District No. 5329City Avon(No. 9)File No. 139Registered No. 139St. Mo

Ward

2. FULL NAME Albert Anselment(a) Residence, No. 1St. 1

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

Male

## 4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OFJulia Kyle Anselment

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

Feb. 21 1953

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.846238. 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  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Ohio

## 13. NAME

unknown14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

## 15. MAIDEN NAME

unknown16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)17. INFORMANT  
(ADDRESS)G. R. Anselment  
1735 Audubon St. New Orleans La

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Avon Cemetery DATE 9-15 193719. UNDERTAKER  
(ADDRESS)C. V. Climbighard  
Avon, Mo20. FILED 10-61937Henry Burke

Registrar.

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Sept. 14 1937

## 22. I HEREBY CERTIFY, That I attended deceased from

Spt 1 1937, to Spt 14 1937I last saw him alive on Spt 14 1937. Death is saidto have occurred on the date stated above, at 5:30 p.m.

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

Date of onset

Double Pneumonia

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)

(Address)

M. D.

