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

Do not use this space.

2452

File No. 8

Registered No.

1. PLACE OF DEATH
County: Clay
Township: Liberty
City: Liberty (No. ..... St. ..... Ward)

Registration District No. 201
Primary Registration District No. 5280 / 3012

2. FULL NAME: Annie Thompson Love 100

(a) Residence, No. 19 W. Kansas St. Liberty Ward Mo
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 23 - 1855

7. AGE: Years 82 Months 4 Days 18 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
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 COUNTY): Mo.

FATHER
13. NAME: J. T. W. Thompson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Unknown

MOTHER
15. MAIDEN NAME: Emily Drew.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Unknown.

17. INFORMANT (ADDRESS): Lewis B. Doughty. Liberty Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Liberty Mo DATE: Jan 12, 1938

19. UNDERTAKER (ADDRESS): Howard Carder Liberty Mo

20. FILED: Jan 12, 1938 E T Brant Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1938, to Jan 11, 1938. I last saw he alive on Jan 11, 1938. Death is said to have occurred on the date stated above, at 6:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 8, 1938
Other contributory causes of importance: General Arteriosclerosis	

Name of operation: — Date of: —
What test confirmed diagnosis? Clinical 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 in any way related to occupation of deceased? no
If so, specify

(Signed) Burton Malby, M. D.
(Address) Liberty Mo.

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NOTE: 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.