

1939 MAR 20

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

Do not use this space.

6887

1. PLACE OF DEATH

County Jasper Registration District No. 406  
Township Spring Grove Primary Registration District No. 5560  
City (No. .... St. .... Ward)

File No. ....  
Registered No. 2

2. FULL NAME

Anna Larson

(a) Residence, No. .... St. .... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 36 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Larson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr, 28 - 1893</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>3</u>
	DAYS <u>24</u>	IF LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>Shop</u>	
	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) <u>Stockholm Sweden</u>		
FATHER	13. NAME <u>No record</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>	
MOTHER	15. MAIDEN NAME <u>No record</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>	
17. INFORMANT (ADDRESS) <u>Carl Gustafson, mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Spring Grove Cemetery</u> DATE <u>Feb, 21</u> 19 <u>39</u>		
19. UNDERTAKER (ADDRESS) <u>Roney Undertaking Co. Carl Gustafson, mo.</u>		
20. FILED <u>Feb. 20</u> 19 <u>39</u> <u>C. W. Roney</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 17 1939

22. I HEREBY CERTIFY, That I attended deceased from 1 - 11 - 1939 to 2 - 17 - 1939

I last saw him alive on 2 - 17, 1939 Death is said

to have occurred on the date stated above, at 2:45 m.

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

Cerebral Hemorrhage Date of onset .....

Other contributory causes of importance:

Fracture of Hip

Name of operation .....

What test confirmed diagnosis? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? .....

Where did injury occur? .....

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) M. J. ...

(Address) 205 W. ...

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.



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

6887  
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1. PLACE OF DEATH  
 (a) County Jasper Registration District No. 406  
 (b) Township Dubin Grove Primary Registration District No. 5560  
 (c) City..... (d) Street No..... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna Larson  
 (a) Residence, No. .... St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED wid  
 (write the word)

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>68</u>	<u>3</u>	<u>24</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as 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)

FATHER  
 13. NAME  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER  
 15. MAIDEN NAME  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)  
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19..  
 19. FUNERAL DIRECTOR (ADDRESS)  
 20. FILED 19.. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-17, 1939

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...  
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemiplegia Date of onset 1906  
 Other contributory causes of importance:  
Fractured Hip

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? accident Date of injury 1-12, 1939  
 Where did injury occur? Jasper Co. Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
Home  
 Manner of injury Fell in yard  
 Nature of injury fracture of hip

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify  
 (Signed) M. J. Slaughter, M. D.  
 (Address) 2020 1/2 city, 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAWS.

SUPPLEMENTARY

