REC'D MAR 20 1939

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

7051
Do not use this space.

1. PLACE OF DEATH
(a) County Lewis — Registration District No. 479
(b) Township LaBelle — Primary Registration District No. 4288 — Registered No.
(c) City LaBelle — (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 220 Annie Seeber Sykes
(a) Residence, No. ..... St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Edwin A Sykes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5 1850

7. AGE: YEARS 88 — MONTHS 11 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
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) Lewis Co. Mo.

FATHER
13. NAME George Seeber
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER
15. MAIDEN NAME Lara Ann Bostwick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La.

17. INFORMANT (ADDRESS) Mrs Fannie Ellis LaBelle, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE LaBelle Cemetery DATE Feb. 11 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) James T. Coder & Son LaBelle, Mo.

20. FILED 2/11 1939 J L Bowen Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1938, to Feb. 7, 1939
I last saw her alive on Feb. 7, 1939. Death is said to have occurred on the date stated above, at 8:30 P.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis — Date of onset: Years Known
92 C
Other contributory causes of importance:
Arterio Sclerosis & Senility
Name of operation ✓ Date of ✓
What test confirmed diagnosis? Hyperoid 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) A H Leland, M. D.
432 (Address) LaBelle Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 10
District File Number 10-39-314
Date Filed MAR 10 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ~~me~~ us, James T. Coder & Son, or by

Registered Apprentice No....., working under my personal supervision.

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address LaBelle, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.