

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

Do not use this space.

14479

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

25 1929

PLACE OF DEATH

County Henry
Township 00000
City Brownington (No.)

Registration District No. 348
Primary Registration District No. 4206

File No. 9
Registered No. 283
St. Ward)

2. FULL NAME

Anderson Lorenza Soheen

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

Length of residence in city or town where death occurred yrs. 10 mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Josephine Soheen</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Mar-8-1861</u> | | |
| 7. AGE <u>68</u> YEARS | MONTHS <u>1</u> | DAYS <u>5</u> |
| If LESS than 1 day, ... hrs. ... min. | | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Sheffield Iowa

| | |
|---------|----------------------------------------------------------------------------|
| PARENTS | 10. NAME OF FATHER <u>James W. Soheen</u> |
| | 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u> |
| | 12. MAIDEN NAME OF MOTHER <u>Mary Buss</u> |
| | 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u> |

14. INFORMANT Mable N. Randell
(Address) Brownington Mo.

15. FILED April 16 1929 C. D. Taylor, M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 14 1929
17. I HEREBY CERTIFY, That I attended deceased from Aug. 27 1927, to Apr. 14 1929, and that I last saw him alive on Apr. 10, 1929, and that death occurred, on the date stated above, at 4: A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Incompetency

(duration) yrs. 22 mos. ds.
CONTRIBUTORY (SECONDARY) MI
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? DATE OF OPERATION.....
WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [Signature], M. D.
4/14, 1929 (Address) Brownington Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Brownington Cemetery DATE OF BURIAL Apr 14 1929

20. UNDERTAKER C. D. Richter ADDRESS Brownington Mo

