

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

Do not use this space.

14118

PLACE OF DEATH

County Monroe
Township Union
City (No. 5820)

Registration District No. 5820
Primary Registration District No. 5820

File No. _____
Registered No. 5
St. _____ Ward _____

2. FULL NAME Annie Luisenbery
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 10th 1928

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-27-1875

17. I HEREBY CERTIFY That I attended deceased from April 10th 1928, to April 10th 1928 that I last saw her alive on April 10th 1928, and that death occurred, on the date stated above, at 3:50 P.M.

7. AGE YEARS 52 MONTHS 1 DAYS 13 If LESS than 1 day, hrs. or min.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
33A Influenza
Pulmonary Tuberculosis
(duration) yrs. mos. 10 ds.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housekeeper (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

CONTRIBUTORY (SECONDARY) Pulmonary Tuberculosis (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY)

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

10. NAME OF FATHER Hubert Luisenbery

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky (STATE OR COUNTRY)

20. WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Margaret Burns

WHAT TEST CONFIRMED DIAGNOSIS? Ellis & James & Smith (Signed) El Smith M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo (STATE OR COUNTRY)

4-12-1928 (Address) Madison Mo

14. INFORMANT Belande Ward (Address) Moberly 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.

15. FILED 4/23-28 E. H. Somnath REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Salem Cemetery east of Moberly DATE OF BURIAL 4-12th 1928

20. UNDERTAKER Mahan and Son ADDRESS Moberly 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.

USE OF DEATH in plain terms, so that it

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TY. PHYSICIAN
OCCUPATION in case

State file
-ant-

RECORDED

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Monroe Registration District No. 3-80 File No.
 Township Union Primary Registration District No. 3-777 Registered No. 3-
 City (No.) St. Ward

2. FULL NAME

Annie Gaisenbery
 (a) Residence. No. St. Yard.
 (Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-27-1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 1 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work (duration) yrs. mos. da.
 (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)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
 (STATE OR COUNTRY)

14.

INFORMANT
 (Address)

15.

FILED April 17 1928 E. J. Boudin
The above is true
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 18 1928

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
 that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed)....., M. D.

, 19 (Address)

*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 DATE OF BURIAL

19

20. UNDERTAKER ADDRESS

should be properly classified by importers
 ED BY LAW
 PR
 COMPLETE AS
 AGE
 class
 may be properly
 REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PR
 GA

SUPPLEMENTARY

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