

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.

PLACE OF DEATH

County Iron
Township Union
or
Village Annapolis
or
City _____ (NO. _____)

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

Registration District No. 390 File No. 27770
Primary Registration District No. 5545 Registered No. 45
St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME

Adda Slusher

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED <u>widowed</u> WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH <u>About 55 years ago</u> (Month) _____ (Day) _____ (Year) _____		
AGE <u>55</u> yrs. _____ mos. _____ ds.		If LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>House keeper</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>9-0</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Tennessee</u>		
PARENTS	NAME OF FATHER <u>Eliza Graham</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Tenn.</u>	
	MAIDEN NAME OF MOTHER <u>Jettie Costie</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Tenn.</u>	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(ADDRESS)

Filed 11-24, 1911

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

11 23, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 11 18, 1911, to 11 23, 1911, that I last saw her alive on 11 23, 1911, and that death occurred, on the date stated above, at 3 P m. The CAUSE OF DEATH* was as follows:
pneumonia

Contributory
(SECONDARY)

(Signed)

A. O'Bannon M. D.
11 24, 1911 (Address) Annapolis Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

Annapolis County 11 24, 1911
G. W. Slusher Annapolis Mo

PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County Iron
 Township Union
 or
 Village _____
 or
 City _____

REGISTRARS SHALL NOT RE-
 CEIVE A FEE FOR CERTIFICATES
 UNTIL THEY ARE COMPLETED AS
 PRESCRIBED BY LAW.

Registration District No. 390

File No. _____

Primary Registration District No. 5545Registered No. 45

(NO. _____)

St. _____ Ward _____

[If death occurred in a
 hospital or institution,
 give its NAME instead
 of street and number]

FULL NAME

Adda Shusher

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE W SINGLE Widow
 MARRIED
 WIDOWED
 OR DIVORCED
 (Write the word)

DATE OF BIRTH About 1856
 (Month) (Day) (Year)

AGE about 55
 yrs. mos. ds. IF LESS than
 1 day, hrs. or min.?

OCCUPATION
 (a) Trade, profession, or
 particular kind of work Housewife
 (b) General nature of industry,
 business, or establishment in
 which employed (or employer) _____

BIRTHPLACE
 (City or town, State or foreign country) Tenn.

PARENTS
 NAME OF FATHER Elye Graham
 BIRTHPLACE OF FATHER Tenn.
 (City or town, State or foreign country)
 MAIDEN NAME OF MOTHER L. C. Costill
 BIRTHPLACE OF MOTHER Tenn.
 (City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. O. Baum(ADDRESS) AnnapolisFiled 11-24 1911

REGISTRAR

Original file, date NOV 1911

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11/23, 1911
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from
 _____, 1911, to 11/23, 1911,
 that I last saw her alive on 11/23, 1911,
 and that death occurred, on the date stated above, at 30 m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Contributory

(SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) D. C. O. Baum M. D.
11/24 1911 (Address) Annapolis

*State the Disease Causing Death, or, in deaths from violent causes, state
 (1) Means of injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted
 If not at place of death?Former or
 usual residence

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Annapolis11/24 1911

UNDERTAKER

ADDRESS

G. W. ShusherAnnapolis

All information called for must be written on this Supplementary Certificate.