

**MISSOURI STATEBOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County Moniteau  
Township Walpole  
City (No. \_\_\_\_\_) \_\_\_\_\_ (Ward) \_\_\_\_\_

Registration District No. 571  
Primary Registration District No. 5769

File No. 25685  
Registered No. 36

**2. FULL NAME**

Mrs Annie Margaret Latham Besh  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)

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.

**PERSONAL AND STATISTICAL PARTICULARS**

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

**6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Oct 1 1891

**7. AGE** YEARS 24 MONTHS 9 **IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.**

**8. OCCUPATION OF DECEASED**

- (a) Trade, profession, or particular kind of work
- (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)** Germany

**10. NAME OF FATHER** J. Hanauer

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

**12. MAIDEN NAME OF MOTHER** St. Dorothy

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

**14. INFORMANT (Address)** Otto Sliester California Mo

**15. FILED** July 5 1931 **REGISTRAR** J. W. [Signature]

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 7 - 1 1931

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

never treated him

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Natural Causes

LUNA (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**CONTRIBUTORY (SECONDARY)** 200 A (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**  
IF NOT AT PLACE OF DEATH: \_\_\_\_\_

**8 DID AN OPERATION PRECEDE DEATH. DATE OF \_\_\_\_\_**  
WAS THERE AN AUTOPSY? \_\_\_\_\_

**WHAT TEST CONFIRMED DIAGNOSIS?**  
(Signed) H. R. [Signature] Coroner, M. D.  
California Mo (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** Brush Leeseh **DATE OF BURIAL** July 1 1931

**20. UNDERTAKER** J. W. [Signature] **ADDRESS** California

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.

JUL 28 1931

