APR 27 1927

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

Do not use this space.

8836

1. PLACE OF DEATH
County McDonald
Township ~~Anderson~~
City Anderson
Registration District No. 578
Primary Registration District No. 4574
File No.
Registered No. 11
(No. ..... St. ..... Ward)

2. FULL NAME Mrs Annie Belle Wilson

(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) Widowed

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

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

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
51	6	24	

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

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

PARENTS
10. NAME OF FATHER George W Mitchell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tenn.
12. MAIDEN NAME OF MOTHER Nancy Price
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo

14. INFORMANT Bert Mitchell
(Address) Anderson Mo

15. FILED Mch 22 1927 Andrew M Mathel
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch 21 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1927, to Mch 19, 1927, that I last saw her alive on Mch 3 6 9, 1927, and that death occurred, on the date stated above, at 4 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Hypertension and Chronic Nephritis
131
82A
102
1240
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Apoplexy
(duration) ..... yrs. ..... mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Blood pressure and Urinary tests
(Signed) O T John, M. D
Mar 21, 1927 (Address) Pineville 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 Anderson Cemetary
DATE OF BURIAL Mch 22 1927

20. UNDERTAKER Geo Tatum Mer Co
ADDRESS Anderson