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

Do not use this space.

2527

1. PLACE OF DEATH
County: Mississippi — Registration District No.: 526
Township: [illegible] — Primary Registration District No.: 3030
City: Charleston (No. ..., St. ..., Ward) — File No.: ... Registered No.: 1

2. FULL NAME: Annie Deal

(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: 3 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: Bl
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 17, 1902

7. AGE: Years 26 | Months 11 | Days 16 | If LESS than 1 day, ... hrs. or ... min.

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

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

PARENTS
10. NAME OF FATHER: H. D. Drasdall
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Tennessee
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown

14. INFORMANT: X Luby Drasdall
(Address): X Charleston, Mo.

15. Filed: Sept 7, 1929. F. S. Vorm, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1/3 1929 11:15 P.M.

17. I HEREBY CERTIFY, That I attended deceased from Dec. 1/29, 1928, to Jan. 3, 1929, that I last saw h. alive on Dec. 26, 1928, and that death occurred, on the date stated above, at 11:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endo Carditis
1 d
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Chronic Nephritis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH: No
(?) DID AN OPERATION PRECEDE DEATH? No. DATE OF:
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical History
(Signed) Frank S. Vorm, M. D.
, 19 (Address) Charleston 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: Oak Grove — DATE OF BURIAL: 1/4 1929

20. UNDERTAKER: Laurel Lodge — ADDRESS: Charleston

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.

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Dr. Vernon