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

Do not use this space.

10362

1. PLACE OF DEATH
County Grundy — Registration District No. 330
Township — Primary Registration District No. 3017
City Trenton (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

APR 24 1929

2. FULL NAME Anita May Marrs
(a) Residence. No. Chestnut & 16th 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 F
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 19-1906

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
22	8	27	

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) Polk Co
(STATE OR COUNTRY) Iowa

PARENTS
10. NAME OF FATHER John A. Wheeldon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ia
12. MAIDEN NAME OF MOTHER Mary Shebek
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Norway

14. INFORMANT John A. Wheeldon
(Address) Trenton

15. FILED Mar 17, 1929 E. A. Duffy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-16 1929

17. I HEREBY CERTIFY, That I attended deceased from March 7, 1929, to March 16, 1929 that I last saw her alive on March 16, 1929, and that death occurred, on the date stated above, at 1:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac Insufficiency (Organic Heart Disease)
95 B
a few months (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) C H Cullers, M.D
3-17, 1929 (Address) Trenton, 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 Maple Grove
DATE OF BURIAL 3-19 1929

20. UNDERTAKER L. R. Duke
ADDRESS Trenton, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.