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

Do not use this space.

1. PLACE OF DEATH
County: Wayne
Township: Mill Spring
City: ..... St. ..... Ward)

Registration District No. 895
Primary Registration District No. 6797.

File No. 23660
Registered No. 13.

2. FULL NAME: Anna Cotton

(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): Married

5A. IF MARRIED, WIDOWED OR DIVORCED
HUSBAND OF (OR) WIFE OF: Flynn Cotton

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 14 1890

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
38	10	13.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housekeeping
(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): Reynolds Co Mo.

PARENTS

10. NAME OF FATHER: Lee Asberry
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Reynolds Co Mo.
12. MAIDEN NAME OF MOTHER: Retta Watson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

14. INFORMANT: Lee Asberry
(Address): Leeper Mo.

15. FILED 6/28 1929 Roy J Owens
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 27 1929.

17. I HEREBY CERTIFY, That I attended deceased from March 28 1929 to June 27 1929 that I last saw her alive on June 20 1929, and that death occurred, on the date stated above, at ..... o'clock ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23A
11A ..... (duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Roy J Owens, M. D.
6/28 1929 (Address) Mill Spring 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: Allard Cem.
DATE OF BURIAL: 6-28 1929

20. UNDERTAKER: None
ADDRESS: —