

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

Do not use this space.

MAY 27 1930

13486

1. PLACE OF DEATH

County Hollaway
Township Polk
City Maryville (No.)

Registration District No. 620
Primary Registration District No. 3031

File No.
Registered No. 38
St. Ward)

2. FULL NAME

Ann Jennette Needham
(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) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 24 1959

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 4 3

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) Reckering
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Uli Conklin

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

12. MAIDEN NAME OF MOTHER Jane Mozings

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

14. INFORMANT Mrs J.W. Hollaway
(Address) Maryville Mo

15. FILED 4-29 1930 E.P. Kyle
M.C. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 27 1930

17. I HEREBY CERTIFY, That I attended deceased from April 24, 1930, to April 26, 1930, that I last saw him alive on April 26, 1930, and that death occurred, on the date stated above, at 6 - a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

urine found (neglect)
1320 (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED 124 B
IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? No DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS Lab + Symptom
(Signed) F.W. Ryan, M. D.
, 19 (Address) Maryville 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 Miriam DATE OF BURIAL 4-29 1930

20. UNDERTAKER Stummus Fun Co ADDRESS Maryville

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

REPRODUCED FROM ORIGINAL

