NOV 28 1930

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

Do not use this space.

31869

1. PLACE OF DEATH
County Stoddard — Registration District No. 834 — File No.
Township New Lisbon — Primary Registration District No. 6103 — Registered No. 31
City (No. St. Ward)

2. FULL NAME Anna M. Gwaltney
(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: Charlie Gwaltney

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 4-17-1871

7. AGE: Years 59 — Months 5 — Days 5 — If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): White Co. Illinois

PARENTS
10. NAME OF FATHER: Wm Allen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): White Co. Illinois
12. MAIDEN NAME OF MOTHER: Abshir
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): White Co Illinois

14. INFORMANT: Chas Gwaltney
(Address) Bloomfield Mo.

15. FILED 10-11-1930 L. V. McKearly REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 22 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1930, to Sept 22, 1930 that I last saw her alive on Aug 15, 1930, and that death occurred, on the date stated above, at 1:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular heart trouble
mitral regurgitation
92 A
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Dropsy
(duration) yrs. 8 mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 90 N
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R. F. Tarpley, M. D
10-11-, 1930 (Address) Swinton, 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: Zion Cemetery Mo — DATE OF BURIAL: 9-24 1930

20. UNDERTAKER: J. A. Chilet — ADDRESS: Bloomfield Mo

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.