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

Do not use this space.

Dr. Webb

919

23

1. PLACE OF DEATH

County Greene — Registration District No. 318 — File No.

Township — Primary Registration District No. 210.01 — Registered No.

City Springfield Mo. St. Johns Hospital — St. — Ward)

2. FULL NAME Anna E. Shumate

(a) Residence. No. Reeds Spgs. Mo. 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): widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 10, 1853

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
77	10	27 3	

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

9. BIRTHPLACE (CITY OR TOWN) La Prairie 2 Ill.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Wm. G. Oliver

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

12. MAIDEN NAME OF MOTHER Elizabeth Ann 4/7 Spangler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 31
(STATE OR COUNTRY)

14. INFORMANT Son Dr. L. S. Shumate
(Address) Reed Spgs. Mo.

15. FILED 1-7 1931 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 7 — 1931

17. I HEREBY CERTIFY, That I attended deceased from 12-29-30 19..., to Jan 7, 1931, that I last saw her alive on Jan 6, 1931, and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocardial Insufficiency
115
938
(duration) One yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Reed Springs Mo
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms

(Signed) Leslie R. Webb M.D.
, 1931 (Address) Springfield 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: Tulsa Okla. — DATE OF BURIAL: Jan. 8 — 1931

20. UNDERTAKER: Alma Lohmeyer Funeral Home — ADDRESS: 534 St. Louis

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.

WHITE PLAINLY, WITH UNFADING INDEPENDENT RECORD

39 5 FEB 8 1931