

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

Do not use this space.

39893

1. PLACE OF DEATH

County Stoddard

Township Quik Creek

City (No.)

Registration District No. 840

Primary Registration District No. 6107

File No.

Registered No. 44

St.

Ward)

2. FULL NAME Anna Mondy

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

Burtis Mondy

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

Sept 11-1884

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

44

2

5

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Rose Hill Ill

MOTHER FATHER

13. NAME

unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

unknown

15. MAIDEN NAME

unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

unknown

17. INFORMANT (ADDRESS)

Oscar Gates Vandavia Ill

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Ash Hill

DATE

Nov 17, 1931

19. UNDERTAKER (ADDRESS)

Beverly Funeral Home Poplar Bluff Mo

20. FILED

Nov 8

19. 3. 1

E. L. Hope

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 - Nov 15, 1931, to Nov 15, 1931.

I last saw her alive on Nov 14, 1931. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Double Pneumonia Date of onset 11-8

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Also, specify

(Signed) W. L. Hoffmann, M. D.

(Address) Fishers

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.

REC 26 1931

