Athereton

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

Do not use this space.

19224

1. PLACE OF DEATH
37 County Greene — Registration District No. 318 — File No.
3 Township — Primary Registration District No. 2001 — Registered No. 420
6 City Springfield (No. Mo 911 Meadowmere St. Ward)

2. FULL NAME Mrs Annie H. Marks

(a) Residence, No. 911 Meadowmere St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 48 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: widow of Mr. Herman Marr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 25, 1870

7. AGE: YEARS 61 — MONTHS 7 — DAYS 14 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home mother
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 2 35
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): Perthshire Scottland 8

FATHER
13. NAME: Walter Herd
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Perthshire Scottland

MOTHER
15. MAIDEN NAME: Jean Gutherie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Perthshire Scottland

17. INFORMANT (ADDRESS): Jean M. Houston 911 Meadowmere

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hazelwood DATE June 11 1932

19. UNDERTAKER (ADDRESS): F. C. Thieme Springfield Mo

20. FILED 6-10 1932 Ralph W. Longston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 9 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10 45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Arthritis with arterio sclerosis and renal calculus	5-28-32
134A	
51A	
99	
Other contributory causes of importance: Chronic arthritis	3-8-27

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? no
If so, specify .....
(Signed) Mary Jean Atherton, M. D.
(Address) 432-642 Medical Arts Bldg Springfield 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.

JUL 3 1932