

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.

JUN 9 1933

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

Do not use this space.

36776

1. PLACE OF DEATH
County Ball Registration District No. 227
Township Sathiver Primary Registration District No. 3
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Anna L. Debee
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 2/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) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 8-1932
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
2/ 21 21 21 21 21
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Ball, Mo

13. NAME R. Dale Debee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ball, Mo

15. MAIDEN NAME Annastatia Edlin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ball, Mo

17. INFORMANT R. D. Debee
(ADDRESS) Perry mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Paul mo DATE Nov 30 1932

19. UNDERTAKER Thos. Rozelle
(ADDRESS) Perry mo

20. FILED 11-29 1932 Thos. Rozelle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 22 1932 to Nov 29 1932

I last saw her alive on Nov 28 1932 Death is said

to have occurred on the date stated above, at 4-45 P.M.

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

Lobar Pneumonia Date of onset _____

108 108

Other contributory causes of importance: (1)

Name of operation _____ Date of _____

What test confirmed diagnosis? Physician Was there an autopsy? No

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? _____

If so, specify _____

(Signed) John E. Brown M. D.

(Address) Perry mo

