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

Do not use this space.

861

File No. .....
Registered No. 3

1. PLACE OF DEATH
35 County Dunklin
Township Union
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 282
Primary Registration District No. 5401

2. FULL NAME Anna Jannitta Poe
(a) Residence, No. South Ohio 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) Infant
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 7 1930
7. AGE Years 2 Months 6 Days 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) Cape Girardeau Mo

FATHER
13. NAME Floyd Poe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Puxico Mo

MOTHER
15. MAIDEN NAME Alma Jackson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Campbell Ohio

17. INFORMANT (ADDRESS) Floyd Poe Puxico Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Campbell DATE Jan 3 1933
19. UNDERTAKER (ADDRESS) No Service
20. FILED 1/3 1933 Benjamin D. Forsay. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-2 1933
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 ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1/2 asthma	
1/2	

Other contributory causes of importance:
No Doctor.

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? .....
If so, specify .....
(Signed) Floyd Poe Father
(Address) Puxico 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1933