

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

Do not use this space.

22442

1. PLACE OF DEATH

12 County Butler
2 Township Carleton Bluff
7 City Carleton Bluff (No. _____)

Registration District No. 89
Primary Registration District No. 3007

File No. _____
Registered No. 115
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Annaelina Palmer
(Usual place of abode) Carleton Bluff, Mo., Ward _____

Length of residence in city or town where death occurred 13 yrs. 12 mos. 12 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm R Palmer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 12 - 1858</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>8</u>
	DAYS <u>19</u>	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) <u>Ind</u>		
MOTHER	13. NAME <u>James Hogg</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Aurilla Barker</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N. V.</u>	
	17. INFORMANT <u>Eldon Palmer</u> (ADDRESS) <u>Carleton Bluff, Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washburn Hill</u> DATE <u>July 3</u> 19 <u>33</u>		
19. UNDERTAKER <u>W. J. Pine</u> (ADDRESS) <u>Carleton Bluff, Mo</u>		
20. FILED <u>July 4, 1933</u> <u>P. J. Kelly</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1st, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933, to July 1, 1933
I last saw her alive on July 1, 1933. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Cerebral Apoplexy 7/1/33
82A
917
82A
Other contributory causes of importance Arterio-sclerosis Arterial
My arteriosclerosis Heart

Name of operation _____ Date of _____
What test confirmed diagnosis? Chinca 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? No
If so, specify _____

(Signed) J. K. Stewart M. D.
(Address) Carleton Bluff, Mo.

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

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.

AUG 26 1933

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