

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.

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

Do not use this space.

22460

1. PLACE OF DEATH
 12 County Butler Registration District No. 12
 Township Bellevue Bluff Primary Registration District No. 5137
 City Pagosa Mo (No.) St. Ward

2. FULL NAME Annetta Lee Black
 (a) Residence, No. Pagosa Mo. St. Ward
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 18 1933

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>—</u>	<u>4</u>	<u>11</u>	

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) Pagosa Butte Mo

13. NAME Robert Black

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paplev Bluff Mo

15. MAIDEN NAME Geraldine Hargrove

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paplev Bluff Mo

17. INFORMANT Frank Black (ADDRESS) Paulin Mo RFD #1

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Paulin Mo DATE July 30 1933

19. UNDERTAKER W. J. Phelps (ADDRESS) Paplev Bluff Mo

20. FILED 7-30 1933 Scott Carl Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-28, 1933, to 7-29, 1933.
 I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at 6:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Leisner's
130 130
 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?
 If so, specify
 (Signed) [Signature] M.D.
 (Address) [Address]

