

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

Do not use this space.

26769

1. PLACE OF DEATH

County Russell Registration District No. 11
 Township Salmon Primary Registration District No. 2002
 City Dunklin (No. 3402-17er) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. W. DeHoney</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 25 - 1893</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>7</u>	DAYS <u>24</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as splinner, 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>Independence Mo.</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Independence Mo.</u>		
15. MAIDEN NAME <u>Anna Ann Paul</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Quincy</u>		
17. INFORMANT (ADDRESS) <u>Paul D. DeHoney</u>		
18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) <u>no</u>		
19. UNDERTAKER (ADDRESS) <u>Funeral Home</u>		
20. FILED <u>8-19-32</u> <u>Ed Jones</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-19-32

22. I HEREBY CERTIFY, That I attended deceased from May 1933 to Aug 17 1932
 I last saw him alive on Aug 17 1932 and 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:
valvular heart disease
 Other contributory causes of importance 92

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) Dr. J. J. Jones M. D.
 (Address) Independence 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 Occupation is very important.

SEP 26 1932

