

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

Do not use this space.

37268-A

1. PLACE OF DEATH

County New Madrid
Township Anderson
City St. Robert (No.) St. Ward)

Registration District No. 55
Primary Registration District No. 4033

File No. 10
Registered No. 1014

2. FULL NAME

Anna Wallace

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pearl Wallace
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-25 1901
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 8 17

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Kennett Mo

MOTHER FATHER
13. NAME John Yancy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yancy Tenn

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Pearl Wallace
(ADDRESS) Anderson Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wardell Mo DATE 11-9 1933

19. UNDERTAKER Arthur Smart
(ADDRESS) Anderson

20. FILED Dec 10 1933 M. V. Mumma
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-8 1933
22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
I last saw her alive on 11-8 1933. Death is said to have occurred on the date stated above, at 9 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset
Perniciou anemia
38
71A
Other contributory causes of importance:
Chronic Malaria

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

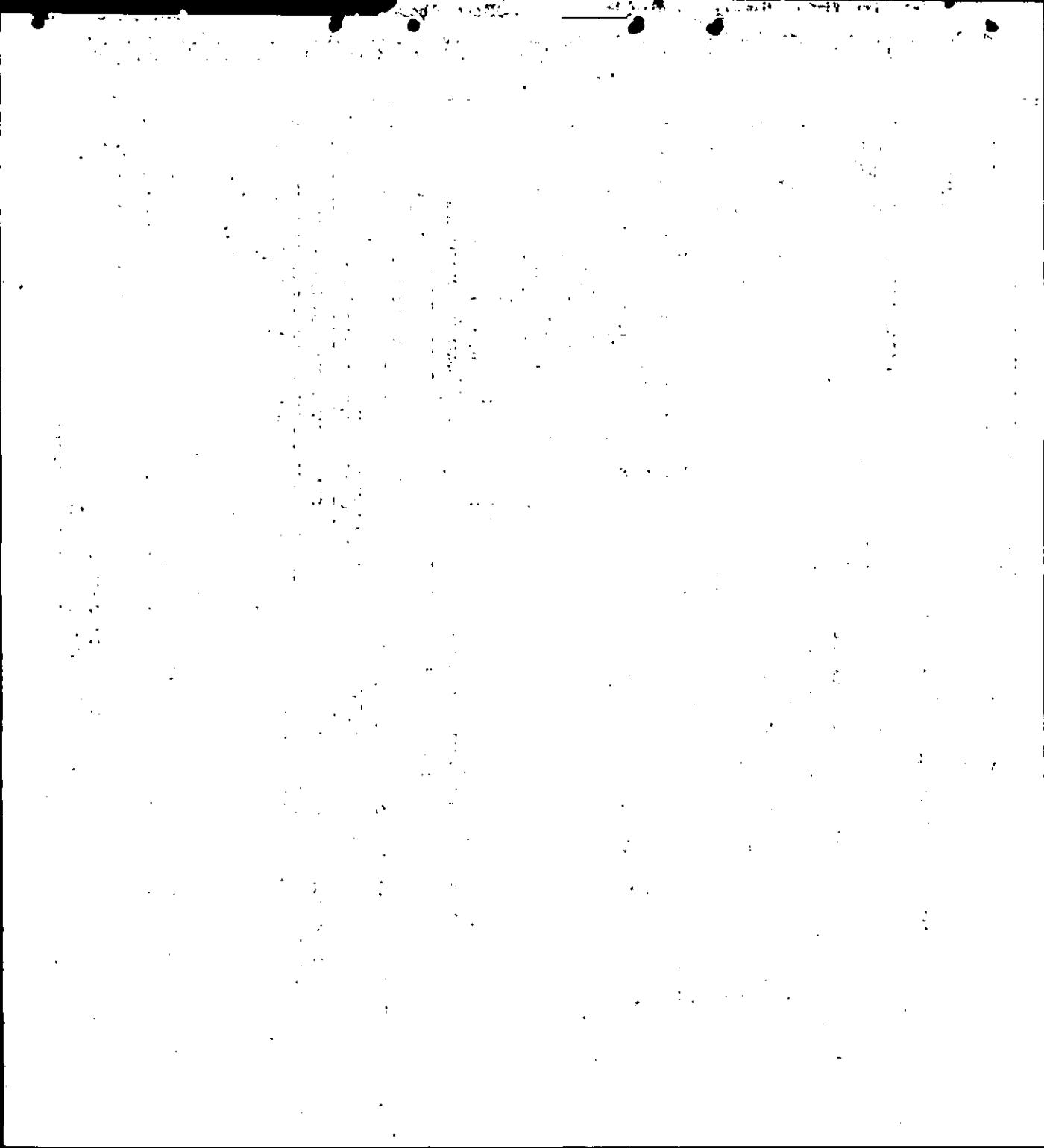
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Geo. Johnson M. D.
(Address) Anderson

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

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.

RECORDED
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