

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

Do not use this space.

37285

1. PLACE OF DEATH
 79 County New Madrid Registration District No. 604
 7 Township Primary Registration District No. 5802
 2 City New Madrid (No. 4558 St. Ward)

2. FULL NAME Ann Eblew

(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 colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 64

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

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) New Madrid County, Mo

13. NAME unk

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk

15. MAIDEN NAME unk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk

17. INFORMANT Watt Dawson (ADDRESS) new Madrid

18. BURIAL, CREMATION, OR REMOVAL PLACE community DATE Dec 1 1933

19. UNDERTAKER Richards and Co. (ADDRESS) new Madrid

20. FILED 1/21 1933 W. N. O'Garra Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1933, to Nov, 1933.
 I last saw him alive on Mar 27, 1933. 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:
Chronic Interstitial Nephritis
13 1/2
9 1/2
 Other contributory causes of importance:
Coronary Artery Disease
hypertension

(Name of operation) Date of
 What test confirmed diagnosis? Spinal fluid 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) W. D. Jones, M. D.
 (Address) New Madrid 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.

