

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

Do not use this space.

**1. PLACE OF DEATH**

17 County Saline  
Township St. George  
City Gilliam Mo. (No. ....)

Registration District No. 794  
Primary Registration District No. 4475

File No. 11503A  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Mary Elizabeth Ankrom  
(a) Residence, No. Gilliam Marshall Mo. Ward R-95  
(Usual place of abode)

Length of residence in city or town where death occurred About 61 mos. ds. How long in U. S. 10 yrs. mos. ds. (If nonresident, give city or town and State) (If foreign birth?)

**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>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sylvester Ankrom deceased</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 6, 1851</u>		
7. AGE	YEARS	MONTHS
<u>1851</u>	<u>83</u>	<u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeping</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>
10. Date deceased last worked at this occupation (month and year) <u>Feb. 1934</u>		11. Total time (years) spent in this occupation <u>1. Pe</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bolivar - Polk Co. Mo.

13. NAME James Marshall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know Mo.

15. MAIDEN NAME Sullana Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know Mo.

17. INFORMANT K. C. Ankrom (ADDRESS) Marshall, Mo. R. A. 5

18. BURIAL, CREMATION, OR REMOVAL Bridge Park Marshall Mo.

19. UNDERTAKER J. E. Sugrue (ADDRESS) Marshall, Mo.

20. FILED Mar 14, 1934 Registrar J. H. Duse

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-24, 1934, to 3-14, 1934.  
last saw h. alive on 2-14, 1934. Death is said to have occurred on the date stated above, at 2:20 P. m.  
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia  
108  
Other contributory causes of importance: Emphysema

Name of operation ..... Date of .....  
What test confirmed diagnosis Phys. and 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. A. Daverton, M. D.  
(Address) Gilliam Mo.

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD  
U. S. NO. 2

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.

JUN 26 1934

