

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.

OCT 11 1934

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

Do not use this space.

1. PLACE OF DEATH
14 County Callaway Registration District No. 101
Township St Aubert Primary Registration District No. 5-13-4
City (No) _____ St. _____ (Ward)

File No. 32137
Registered No. 21

2. FULL NAME Anna Kate Meneffe
(a) Residence, No. _____ St. _____ Ward. _____
(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>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: <u>C. E. Meneffe</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 4, 1866</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>8</u>
	DAYS <u>0</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	
	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>Missouri</u>		
FATHER	13. NAME <u>Jerry Neill</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Jane Douglas</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT <u>Mrs. Obie Meneffe</u> (ADDRESS) <u>Freedom, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hillcrest Cem.</u> DATE <u>Sept 6, 1934</u>		
19. UNDERTAKER <u>Jos. J. Wallace</u> (ADDRESS) <u>Freedom, Mo.</u>		
20. FILED <u>9-5-1934</u> <u>W. H. Williams</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-4, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1934, to 9-4, 1934
I last saw her alive on 9-4, 1934. Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:
Chronic Gastritis Date of onset years
131
5 to 7
1881
Other contributory causes of importance:
Rheumatism years
Dyspepsia Chronic

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? No
If so, specify _____
(Signed) W. C. Payne M. D.
(Address) R # 6 Fulton

