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.

DEC 14 1934

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

Do not use this space.

38950

1. PLACE OF DEATH
County Dade — Registration District No. 235 — File No.
Township — Primary Registration District No. 4142 — Registered No. 20
City Dadeville (No. ..... St. ..... Ward)

2. FULL NAME Anna Fezell

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Albert Fezell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 20 1884

7. AGE: YEARS 50 — MONTHS 3 — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

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): Buffalo Mo

FATHER
13. NAME: Geo Weeks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Souix City Iowa

MOTHER
15. MAIDEN NAME: Lucy Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buffalo Mo

17. INFORMANT (ADDRESS): Albert Fezell Dadeville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Rice Cemetery DATE: Nov 27 1934

19. UNDERTAKER (ADDRESS): Will Meze Dadeville Mo

20. FILED: Nov 26 1934 Morris Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1934, to Nov 26, 1934
I last saw her alive on Nov 25, 1934 Death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Influenza	Nov 15
118	
108	
1112	

Other contributory causes of importance:

Lobar Pneumonia	Nov 19

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) B B Kirby, M. D.
(Address) Dadeville Mo