AUG 23 1935

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

Do not use this space.

File No. 20 [illegible]

Registered No. 149

1. PLACE OF DEATH

County: Jefferson

Township: Valle

City: ~~Frumet~~ (No. ..... , ... St. ..... Ward)

Registration District No. 420

Primary Registration District No. 5574

2. FULL NAME Anna May Maness

(a) Residence, No. Rural 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. 2 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	------

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF ------

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29, 1935

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	2	2	

OCCUPATION

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

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) Frumet, Mo.

FATHER

13. NAME Melvin Courtaway

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vineland, Mo.

MOTHER

15. MAIDEN NAME Julia Maness

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, Co.

17. INFORMANT (ADDRESS) Melvin Courtaway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fletcher, Mo. DATE June, 3, 1935

19. UNDERTAKER (ADDRESS) Mothershead De Soto, Mo.

20. FILED 6/2 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June, 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-16 1935, to June 1, 1935

I last saw her alive on 6-1 1935. Death is said to have occurred on the date stated above, at 11 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis	5-16-35

Other contributory causes of importance:

acute cardiac dilatation	stat

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical findings Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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) [illegible], M. D.

(Address) De Soto, Mo.

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.