

AUG 22 1935

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

Do not use this space.

25282

## 1. PLACE OF DEATH

County Scott  
Township Richland  
City Richland

Registration District No. 821  
Primary Registration District No. 6070

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Anna L. Kindred

(a) Residence, No. \_\_\_\_\_  
(Usual place of abode)

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 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 D. B. Kindred

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30 - 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
33 7 15

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott Co. Missouri

13. NAME W. J. Stubblefield

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott Co. Missouri

15. MAIDEN NAME Bird Kennard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott Co. Missouri

17. INFORMANT D. B. Kindred

(ADDRESS) Sikeston, Mo.

18. BURIAL, CREMATION, OR DISPOSAL PLACE Chapel Hill, Mo. DATE July 17, 1935

19. UNDERTAKER (ADDRESS) W. H. Ormell

20. FILED July 17, 1935 W. H. Ormell

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1935

22. I HEREBY CERTIFY that I attended deceased from July 7, 1935 to July 15, 1935

I first saw him alive on July 15, 1935 Death is said to have occurred on the date stated above, at 11:00 a.m.

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

Septicemia Date of onset 7-7-35

Other contributory causes of importance: already

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical 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. H. Ormell M. D.

(Address) Sikeston, 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.

OCT 6 1955

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.  
Do not use this space.

**1. PLACE OF DEATH**

County Scott  
Township Scotland  
City (No. . . . .) St. . . . . Ward

Registration District No. 891  
Primary Registration District No. 6070

File No. . . . .  
Registered No. . . . .

**2. FULL NAME**

Anna Kindred

(a) Residence, No. . . . . St. . . . . Ward.  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from . . . . ., 19 . . . . ., to . . . . ., 19 . . . . .

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

I last saw h. . . . . alive on . . . . ., 19 . . . . . Death is said to have occurred on the date stated above, at . . . . .

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 33 7 15

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

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

Other contributory causes of importance: abrasion of leg

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation . . . . . Date of . . . . . What test confirmed diagnosis? . . . . . Was there an autopsy? . . . . .

FATHER 13. NAME

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide: accident Date of injury 7-3, 1935 Where did injury occur? Sturgeon mo (Specify city or town, county, and State)

MOTHER 15. MAIDEN NAME

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

Specify whether injury occurred in industry, in home, or in public place. Home

17. INFORMANT (ADDRESS)

Manner of injury accidentally fell on stamp Nature of injury abrasion of leg

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

24. Was disease or injury in any way related to occupation of deceased? . . . . . If so, specify . . . . .

19. UNDERTAKER (ADDRESS)

(Signed) G. W. Presnell, M. D. (Address) Sturgeon mo

20. FILED 9-5-1935 1935 G. W. Presnell Registrar.

EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

SEP 4 1966

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