

SEP 24 1935

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

Do not use this space.

28591

1. PLACE OF DEATH

County AndrewRegistration District No. 13

File No.

Township

Primary Registration District No. 4010

Registered No.

City Savannah (No. St. Nicholas Sanitation)

St. Ward)

2. FULL NAME Annie Maria Gaudin(a) Residence, No. St. Ward. Maryville, Tenn.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED,

HUSBAND OF (OR) WIFE OF Widow Unk6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-8-1861

7. AGE

YEARS 74MONTHS 3DAYS 23

If LESS than 1 day, hrs. or min.

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) date11. Total time (years) spent in this occupation 5012. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri13. NAME John Fielder14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk15. MAIDEN NAME Celia Mulhens16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk17. INFORMANT (ADDRESS) Charles H. ChesnutClarksville Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Clarksville DATE 9/15/193519. UNDERTAKER (ADDRESS) Jessie A. BowmanSavannah Mo20. FILED 9-13 1935Wm A R King

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-13-193522. I HEREBY CERTIFY, That I attended deceased from 9-8- 1935, to 9-13- 1935I last saw him alive on 9-13- 1935. Death is saidto have occurred on the date stated above, at 9:30 am.

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

Ecchymal Hemorrhage Date of onset 1 day

Other contributory causes of importance:

Carcinoma left heart 2 moName of operation left heart removal carcinoma Date of 9-9-35What test confirmed diagnosis? Plugged 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) Willard A. Stearns, M. D.(Address) Savannah 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.

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