

MAR 25 1936

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

Do not use this space.

13748

1. PLACE OF DEATH

County Sullivan
Township Green City
City Green City (No.) St. Ward

Registration District No. 849
Primary Registration District No. 4375

File No.
Registered No. 30 St. Ward

2. FULL NAME

Anninda Rosine Gifford

(a) Residence, No. St.
(Usual place of abode)

(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

MEDICAL CERTIFICATE OF DEATH

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 Mill Gifford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-17-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 1 14

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) Galesburg Ill.

FATHER 13. NAME Egbert Oster

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

MOTHER 15. MAIDEN NAME Elizabeth McGahay

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

17. INFORMANT (ADDRESS) Alma Brausem
Green City Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Grice Cem. DATE 3-2 1936

19. UNDERTAKER (ADDRESS) Glen E. Bent
Green City Mo.

20. FILED 3-9-36 Virginia Libers
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 1936 to MARCH 8 1936

I last saw h. or alive on MARCH 1 1936. Death is said

to have occurred on the date stated above, at 8 A.M.
The principal cause of death and related causes of importance were as follows:

ACUTE PARANEPHYRITIC NEPHRITIS Date of onset

Other contributory causes of importance:
YACHTING NEURALGIC

Name of operation Medical Date of 2
What test confirmed diagnosis? Medical 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?

If so, specify No

(Signed) R. B. Schurr, M. D.

(Address) Green City Missouri

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.

