

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.

MAY 22 1936

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

Do not use this space.

15897

1. PLACE OF DEATH

County Lincoln
Township Prairie
City New Tuxton (No. _____)

Registration District No. 1137
Primary Registration District No. 5651

File No. _____
Registered No. 47 St. _____ Ward _____

2. FULL NAME

Aurora Matilda Anson

(a) Residence, No. New Tuxton Mo. St. Ward. _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

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

Jan 20, 1855

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

81

2

14

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

Housewife

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

Tuxton Mo.

MOTHER FATHER

13. NAME

Ann Terrell Beck

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

Kentucky

15. MAIDEN NAME

Mary Ann Boyle

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

Unknown

17. INFORMANT (ADDRESS)

Boyer & Anson, New Tuxton Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Anson Cem DATE April 15, 1936

19. UNDERTAKER (ADDRESS)

Wayne Mc Coy, Troy Mo.

20. FILED

7/14, 1936 Dr. J. L. Diment

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

April 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Apr 8, 1936, to Apr 13, 1936

I last saw her alive on April 13, 1936. 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:

Cerebral hemorrhage
80-85

Other contributory causes of importance:

Hemiplegia 2 years standing

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) J. L. Diment, M. D.

(Address) Tuxton Mo.

