

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

Do not use this space.

32002

SEP 1 1936

1. PLACE OF DEATH

County Polk
 Township St. Looney
 City Missouri (No. _____)

Registration District No. 704
 Primary Registration District No. 44315

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

2. FULL NAME Anna Belle Saylor

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

Length of residence in city or town where death occurred 66 yrs. 10 mos. 2 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 10 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
 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) Tennessee

13. NAME Henry F. Saylor

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

15. MAIDEN NAME M. J. Rice

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

17. INFORMANT (ADDRESS) Rev. J. C. Saylor

18. BURIAL, CREMATION, OR REMOVAL PLACE Missouri DATE Aug 2 1936

19. UNDERTAKER (ADDRESS) White, Edwin & Co. Saylor

20. FILED Aug 11 1936 Grace Dawn Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 30 - 1936, to Aug - 1 - 1936

I last saw him alive on July 31 - 1936 Death is said to have occurred on the date stated above, at 6 a. m.

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

Date of onset 7/30/36

Other contributory causes of importance:
ggs

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 _____ (Signed) W. S. Myron, M. D.
 (Address) Aldrich, 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.

