

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 5 1936

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

Do not use this space.

791
1003

35675

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... (No. 2716 Montgomery St. Ward)

File No.....
Registered No. 9292
St. Ward)

2. FULL NAME

Annie Bynum (Annie Bynum)

(a) Residence, No. 2716 Montgomery St. D. Ward.
(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

3. SEX <i>Female</i>	4. COLOR OR RACE <i>Cal</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Richard B Bynum</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>1879 - Mar. 15</i>				
7. AGE YEARS <i>57</i>	MONTHS <i>5</i>	DAYS <i>19</i>	If LESS than 1 day,hrs. ormin.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>housewife</i>			
	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	
MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Merridean Miss</i>			
	13. NAME <i>Not known</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Not known</i>			
	15. MAIDEN NAME <i>Elizabeth Rinal (Rush)</i>			
MOTHER FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Merridean Miss</i>			
	17. INFORMANT <i>Richard Bynum</i> (ADDRESS) <i>2716 Montgumery</i>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Washing Park</i> DATE <i>9-8-36</i>				
19. UNDERTAKER <i>A. D. Richardson</i> (ADDRESS) <i>2600 Jefferson Ave</i>				
20. FILED <i>SEP 8 1936</i> <i>J. W. Bredeck</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9-4-1936*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 17, 1936, to Sept 3rd, 1936*
I last saw her alive on *Sept 3rd, 1936* Death is said to have occurred on the date stated above, at *5:50 A.M.*
The principal cause of death and related causes of importance were as follows:
Cardiac Asthena Date of onset *1923*
Chronic Nephritis
1/2/1

Other contributory causes of importance:
Chronic Nephritis

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

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 *M. A. Grees*, M. D.
(Signed) *M. A. Grees*
(Address) *2626 Glasgow Av*

