NOV 28 1936

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

Do not use this space.

37505

1. PLACE OF DEATH
County Howard
Township Franklin
City New Franklin (No. ..... St. ..... Ward)

Registration District No. 380
Primary Registration District No. 4224

File No. .....
Registered No. 26

2. FULL NAME Mrs Anna L. Wayland

(a) Residence, No. ..... St., ... 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: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF John W. Wayland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15-1854

7. AGE: YEARS 82 | MONTHS 0 | DAYS 21 | If LESS than 1 day, ... hrs. or ..... min.

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) about Aug. 1936
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near New Franklin Howard Co. Mo.

FATHER
13. NAME Joshua Todd
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

MOTHER
15. MAIDEN NAME Margaret Jefferies
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

17. INFORMANT (ADDRESS) Mr. H. E. Wayland New Franklin, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Pleasant DATE 10-8- 1936

19. UNDERTAKER (ADDRESS) C. S. Duncan, New Franklin, Mo.

20. FILED 10-9- 1936 J. B. Fleet Per C.V.L. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1936, to Oct 6, 1936
I last saw her alive on Oct 5, 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:

	Date of onset
Arteria Sclerosis about	1933
Other contributory causes of importance:	
Tri-Facial Neuralgia about	1926
Encephalitis Sub-Corticalis Chronica	9-22-36

Name of operation None Date of .....
What test confirmed diagnosis? Clinical 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? No
If so, specify .....
(Signed) J. B. Fleet Per C.V.L., M. D.
(Address) New Franklin, Mo.

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.

00M 3-28-35