

350 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County ClarkRegistration District No. 190Township UnionPrimary Registration District No. 5-265

City

(No. _____)

St. _____ Ward _____

2. FULL NAME Anna Mary Derksen

(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

F. M.

4. COLOR OR RACE

W.

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) March 18, 1869

7. AGE

YEARS 67MONTHS 8

DAYS _____

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

OCCUPATION

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

At. Home

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) Illinois

FATHER

13. NAME John A. Derksen14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland.

MOTHER

15. MAIDEN NAME Eva G. Jilig16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Miss Minnie Derksen (ADDRESS) Kahoka Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cedar Grove Cem. DATE Nov. 20, 193619. UNDERTAKER Fred J. Karle (ADDRESS) Kahoka Mo.20. FILED Nov 20, 1936 J. B. Dinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18, 193622. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1936, to Nov 18, 1936I last saw him alive on Nov 16, 1936. Death is said to have occurred on the date stated above, at 12:30 P. M.

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

Valvular disease of heart
Primarily mitral nephritis, Chr.Date of onset Not known

Other contributory causes of importance

Name of operation Excision Date of _____What test confirmed Excision 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? No

If so, specify _____

(Signed) W. H. Harris, M. D.(Address) Canton Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

