

DEC 18 1936

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

Do not use this space.

40790

1. PLACE OF DEATH

County Cooper
Township
City Boonville (No.)

Registration District No. 218
Primary Registration District No. 3015

File No.
Registered No. 137 St. Ward)

2. FULL NAME Mrs Anna Deck

(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6-1863

7. AGE YEARS 73 MONTHS 9 DAYS 20 IF LESS than 1 day, hrs. or min.

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) Oct. 1936 11. Total time (years) spent in this occupation -

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

13. NAME John Fessler

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

15. MAIDEN NAME Catherine ?

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

17. INFORMANT Jacob Deck (ADDRESS) Boonville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove DATE Nov-29-1936

19. UNDERTAKER Goodman & Miller (ADDRESS) Boonville Mo.

20. FILED Nov 28 1936 De Haeger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-26th 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 19 1936, to Nov 26 1936

I last saw her alive on Nov 26 1936 Death is said to have occurred on the date stated above, at 11:00 p.m.

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

myocarditis inducens Date of onset

Other contributory causes of importance Hypertension

Name of operation none Date of

What test confirmed diagnosis? none 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) G. L. Chamberlain, M. D.

(Address) New Franklin 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.

