

DEC 30 1936

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

Do not use this space.

41875

1. PLACE OF DEATH

County MadisonRegistration District No. 538Township A. MichaelPrimary Registration District No. 3928City Fredricktown (No. _____)

St. _____ Ward _____

2. FULL NAME Anna Belle Lindsay(a) Residence, No. _____ St. 1 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 <u>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edward E. Lindsey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 18, 1888</u>		
7. AGE YEARS <u>48</u>	MONTHS <u>7</u>	DAYS <u>22</u>
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	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) Lutesville
(STATE OR COUNTRY) Missouri13. NAME Alvin M. Craig14. BIRTHPLACE (CITY OR TOWN) Jennesse
(STATE OR COUNTRY)15. MAIDEN NAME Adeline Aker16. BIRTHPLACE (CITY OR TOWN) Bollinger Co
(STATE OR COUNTRY) Missouri17. INFORMANT Ed. E. Lindsey
(ADDRESS) Fredricktown Mo18. BURIAL, CREMATION, OR REMOVAL
PLACE Fredricktown DATE Nov 12 193619. UNDERTAKER Ed. H. Meff
(ADDRESS) Fredricktown Mo20. FILED Nov 12 1936 S. C. S. Langston
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 10 193622. I HEREBY CERTIFY, That I attended deceased from Nov 4 1936 to Nov 10 1936I last saw her alive on Nov - 10 1936 Death is saidto have occurred on the date stated above, at 2:15 P.M.

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

Myocarditis with
valvular heart lesions
Date of onset: 1935Other contributory causes of importance
Acute nephritis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Walter Borron M. D.(Address) Fredricktown Mo

Ray E. A. Schwaner

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.

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