

JAN 28 1937

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

Do not use this space.

43965

1. PLACE OF DEATH

County Calloway
Township Fulton
City Fulton (No. St. Ward)

Registration District No. 104
Primary Registration District No. 3008

File No.
Registered No. 374

2. FULL NAME

Anna Price Hausholder

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 8 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|------------------------------|---|
| 3. SEX <u>F</u> | 4. COLOR OR RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u> |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>D.K.</u> | | |
| 7. AGE | YEARS <u>74</u> | MONTHS <u>?</u> |
| | DAYS <u>?</u> | IF LESS than 1 day, hrs. or min. |

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

13. NAME W. C. Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

15. MAIDEN NAME Lucy Bush

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

17. INFORMANT (ADDRESS) Shop Records Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Upland DATE Dec. 15 1936

19. UNDERTAKER (ADDRESS) M. C. Phillips

20. FILED Dec. 13 1936 R. N. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1935 to Dec. 13 1936

I last saw her alive on Dec. 13 1936 Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Permeious Anemia D.K.

Other contributory causes of importance: Septicemia Arteriosclerosis

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

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 Yes. R. Muelley, M. D. (Signed) Fulton, Mo. (Address)

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.

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