

MAR 22 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Linn  
Township Chillicothe  
City Chillicothe (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 508  
Primary Registration District No. 3026

File No. 7117  
Registered No. 38

## 2. FULL NAME

Anna Bliver  
(a) Residence, No. 413 5th St., 3 Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

## 3. SEX

## 4. COLOR OR RACE

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female White Single

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

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan. 28 - 1875

## 7. AGE

## YEARS

## MONTHS

## DAYS

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

62 - 0 22

## 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)

Liv. Co. Mo.

## 13. NAME

James F. Bliver

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

Liv. Co. Mo.

## 15. MAIDEN NAME

Theresa Wier

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

Utica, Mo.

## 17. INFORMANT (ADDRESS)

James F. Bliver  
Chillicothe, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Christison Care DATE Feb. 23 - 1937

## 19. UNDERTAKER (ADDRESS)

James D. Gordon  
Chillicothe, Mo.

## 20. FILED

Feb. 22 1937 Donald M. Lawler  
Registrar.

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Feb. 20 - 1937

## 22. HEREBY CERTIFY, That I attended deceased from

Feb. 17 - 1937, to Feb. 20 - 1937

I last saw her alive on Feb. 19 - 1937. Death is said

to have occurred on the date stated above, at 4 P. M.

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

abscess of Brain

Date of onset

## Other contributory causes of importance:

caused by Stitis media suppurative

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? EX 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) H. M. Grall, M. D.

(Address) Chillicothe - Mo.

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

