

MAR 24 1937

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

Do not use this space.

81 PLACE OF DEATH
County Phelps Registration District No. 626
Township Archie Primary Registration District No. 5899
City Hubersburg No. 2 St. _____ Ward _____

2. FULL NAME Anna Elizabeth Courson

(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.

7625

File No. _____
Registered No. 17

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Chas W Courson</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 3 - 1875</u>				
7. AGE YEARS <u>61</u>	MONTHS <u>2</u>	DAYS <u>10</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>none</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) <u>Spring Creek</u> (STATE OR COUNTRY) <u>mo</u>				
FATHER	13. NAME <u>Beth Terrell</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Spring Creek</u> (STATE OR COUNTRY) <u>mo</u>			
MOTHER	15. MAIDEN NAME <u>Bettie Thompson</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Spring Creek</u> (STATE OR COUNTRY) <u>mo</u>			
17. INFORMANT <u>Hugh A. Courson</u> (ADDRESS) <u>Newburg mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Goodall</u> DATE <u>Feb 15</u> 19 <u>37</u>				
19. UNDERTAKER <u>Lee Johnson</u> (ADDRESS) _____				
20. FILED <u>7/15</u> 19 <u>37</u> <u>B. Sweet</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13 1937

22. I HEREBY CERTIFY, That I attended deceased from February 9 - 1937 to Feb 13 - 1937
I last saw her alive on Feb 13 - 1937. Death is said to have occurred on the date stated above, at 10⁰⁰ a. m.
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
Date of onset _____

Other contributory causes of importance: 131
Chronic nephritis

Name of operation None Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) R. E. Drewes, M. D.
(Address) Newburg Mo

