MAY 19 1937

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

Do not use this space.

1. PLACE OF DEATH
32 County Dekalf
Township Polk
City ~~Farm Hand~~ (No. ..... St. ..... Ward)

Registration District No. 262
Primary Registration District No. 5364

File No. 16209
Registered No. .....

2. FULL NAME Anna Maud Spears
(a) Residence, No. King City Mo. R.R. Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-4-1879

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
58	1	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) 4-17-37
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Wm T Corley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va

MOTHER
15. MAIDEN NAME Julia A Markley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.

17. INFORMANT (ADDRESS) Max W. Spears Barnard Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE King City DATE 4-22 1937

19. UNDERTAKER (ADDRESS) R L Taggart King City Mo.

20. FILED 4-21 1937 E M Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-20- 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-19, 1937, to 4-20, 1937
I last saw her alive on 4-20-, 1937. Death is said to have occurred on the date stated above, at 5:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
- Influenza complicated by acute myocarditis	

Other contributory causes of importance: 11B

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? .....
If so, specify .....
(Signed) Dr Zack A Barnes M.D.
(Address) King City, Mo.