

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

Do not use this space.

20128

**JUN 2 1 1937**

1. PLACE OF BIRTH  
39 County Greene Registration District No. 324  
Township N. Robberson Primary Registration District No. 5449  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs. Anna A. Fortner  
(a) Residence, No. R. F. D. 2, Willard, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. T. Fortner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 25, 1866

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>35</u>	<u>71</u>	<u>1</u>	<u>23</u>	

8. Trade, profession, or particular kind of work done, as Housewife sawyer, bookkeeper, etc.

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) Greene County, Mo

13. NAME Hiram Blankenship

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

15. MAIDEN NAME Amanda Goodin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co., Mo.

17. INFORMANT Mrs Ida F. Clarke  
(ADDRESS) Hogomo Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Pleasant DATE May 19, 1937

19. UNDERTAKER R. J. Greenwade Und. Co.  
(ADDRESS) Willard, Missouri

20. FILED 5-18 1937 Makey Freeman  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1937, to May 16, 1937  
I last saw her alive on May 16, 1937. Death is said to have occurred on the date stated above, at 6 a.m.  
The principal cause of death and related causes of importance were as follows:  
Valvular lesion of the heart and high blood pressure  
Date of onset thru menstruation of Jan

Other contributory causes of importance: AD

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Aspirin Was there an autopsy? Yes

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) W. H. Nicholas, M. D.  
(Address) Boylston, Mo.

