

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.

JUL 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County Haworth
Township Fayette
City Fayette (No. 7)

Registration District No. 878
Primary Registration District No. 4222

File No. 23850
Registered No. 87 St. 7 Ward

2. FULL NAME

(a) Residence, No. Mrs Anna S Bain St., 7 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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James F Bain</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 29-1859</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>4</u>	DAYS <u>5</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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) (STATE OR COUNTRY)
Morgan Co. Mo.

13. NAME John B Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Kennett Mo.

15. MAIDEN NAME Not known

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

17. INFORMANT Charles Bain (ADDRESS) Franklin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE W. Fayette DATE 4/6/37, 1937

19. UNDERTAKER C. J. Dunsen (ADDRESS) New Franklin, Mo.

20. FILED July 5, 1937 V. Q. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/1/37, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 17, 1937, to June 4, 1937.
I last saw her alive on June 1, 1937. Death is said to have occurred on the date stated above, at 8:20 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Edema

Date of onset
6-1-37

Other contributory causes of importance:

Cerebral Hemorrhage

3/1/37

Name of operation none Date of 6/1/37
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 1937
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify was steam
(Signed) Fayette, Mo., M. D.
(Address) Fayette, Mo.

