SEP 22 1937

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

Do not use this space.

1. PLACE OF DEATH

40 County Grundy — Registration District No. 327 — File No. 30759

Township Myers — Primary Registration District No. 5457 — Registered No. 8

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Annie Elizabeth Stottlemyre

(a) Residence, No. ..... St., ..... Ward. (If nonresident, give city or town and State)
(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. 11 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: Isaac Stottlemyre

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feby 6 1863

7. AGE: 26 — YEARS: 74 — MONTHS: 6 — DAYS: 3 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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): Grundy County Missouri

FATHER

13. NAME: James Merrill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont KNow

MOTHER

15. MAIDEN NAME: Sarilda Jane Newcombe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont KNow

17. INFORMANT (ADDRESS): Claude Stottlemyre Bethany Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE North Evans DATE Aug 11 1937

19. UNDERTAKER (ADDRESS): Chas E Schooler Spickard Mo

20. FILED 8-28 1937 U C Weston Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9 1937 19

22. I HEREBY CERTIFY, That I attended deceased from July 19 1937, to Aug 9, 1937

I last saw her alive on July 7, 1937 Death is said to have occurred on the date stated above, at 6:10 P M

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

Apoplexy — Date of onset July 19 1937

Other contributory causes of importance:

Name of operation ..... 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) Cecil L McClanahan M. D.

(Address) Spickard Mo.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.