

OCT 22 1937

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

Do not use this space.

34857

## 1. PLACE OF DEATH

County New Madrid  
Township Paris  
City Paris (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 604  
Primary Registration District No. 5802

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

## 2. FULL NAME

Annie M. Hebert

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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

## MEDICAL CERTIFICATE OF DEATH

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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Johnnie Hebert

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 13 1910

8. AGE YEARS 27 MONTHS \_\_\_\_\_ DAYS 4 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

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) St. Louis Mo

13. NAME S. N. Curtis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

15. MAIDEN NAME Janie Stewart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT (ADDRESS) S. N. Curtis, Fitzgeraldville, Mo Route 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Fitzgeraldville, Mo DATE Sept 18 1937

19. UNDERTAKER (ADDRESS) Roberts Undertaking Co., New Madrid, Mo

20. FILED 9/25 1937 Thos. O. Bauer Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17 1937

22. I HEREBY CERTIFY, That I attended deceased from July 20 1937 to Sept 15 1937

I last saw him alive on Sept 12 1937 Death is said

to have occurred on the date stated above, at 8:40 a.m.

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

Pulmonary tuberculosis Date of onset about 18 months ago

Other contributory causes of importance: None

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? no

If so, specify \_\_\_\_\_

(Signed) Claude M. Raven, M. D.

(Address) Fitzgeraldville, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

