

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.

DEC 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Butler  
Township \_\_\_\_\_  
City Poplar Bluff, Mo. (No. \_\_\_\_\_)

Registration District No. 89  
Primary Registration District No. 3007  
Brandon Hospital

File No. 40782  
Registered No. 277  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Annie E. Everts

(a) Residence, No. Gibbons Hotel St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

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.

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) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edwin A. Everts

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1937, to Nov. 22, 1937.  
I last saw h. or alive on Nov. 22, 1937. Death is said to have occurred on the date stated above, at 8:45 P. M.  
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26, 1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
49 4 26

Pulmonary embolus (right) Date of onset 11-21-37  
with pneumonia, central 11-21-37

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Department Head

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Show Factory

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance: 12-1  
Appendicitis, gangrenous 11-10-37  
with perforation and localized peritonitis 11-11-37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oakville, Illinois

13. NAME James Hudson

Name of operation Appendectomy Date of 11-11-37  
What test confirmed diagnosis? operation & x-ray Was there an autopsy? no

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

15. MAIDEN NAME Druscilla Rushing

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.

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

17. INFORMANT Mrs. Randolph Weber  
(ADDRESS) Poplar Bluff, Mo.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL City Cemetery  
PLACE Butler Co., Mo. DATE 11/24, 1937

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

19. UNDERTAKER Frank Und. Co.  
(ADDRESS) Poplar Bluff, Mo.

(Signed) Heater Russell, M. D.  
(Address) Poplar Bluff, Mo.

20. FILED 11/24 37 Obstetinger Registrar

1950