

REC'D MAR 21 1938

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

Do not use this space.

7465

67-3-1

1. PLACE OF DEATH
County Miss Registration District No. 566
Township _____ Primary Registration District No. 3030
City Charleston Mo (No. _____) St. _____ Ward _____

2. FULL NAME Anna Mae Bee 400
(a) Residence, No. 402 Locust 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

3. SEX F 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6-1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or 5 min.
Steelborn

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

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) Charleston Mo

13. NAME Edward Bee

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Belmont Mo

15. MAIDEN NAME Elroy Lee

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

17. INFORMANT Laura Parker midwife
(ADDRESS) Charleston Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove DATE 2-7- 1938

19. UNDERTAKER Private family
(ADDRESS) _____

20. FILED 2-7- 1938 J. D. Venable
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6-1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1938, to _____, 19____.

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____.

The principal cause of death and related causes of importance were as follows:
Steelborn
was dead in womb some time before it was born

Other contributory causes of importance: _____

Name of operation no 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? no
If so, specify _____

(Signed) Laura Parker midwife M. D.
500 (Address Charleston 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.

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