REC'D APR 21 1938

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

Do not use this space.

File No. 11557

Registered No. 15

1. PLACE OF DEATH

71 County Morgan

Township Morgan

4 City Versailles (No. ..... St. ..... Ward)

0

Registration District No. 598

Primary Registration District No. 7355

2. FULL NAME Annie Sue Daniels 542

(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 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Samuel Daniels

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 10 - 1863

7. AGE: YEARS 75 | MONTHS 1 | DAYS 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Camden Co. 1

FATHER

13. NAME: William French 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER

15. MAIDEN NAME: Talletha Spencer

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

17. INFORMANT (ADDRESS): John Earp Versailles

18. BURIAL, CREMATION, OR REMOVAL
PLACE Versailles City Cem. DATE April 2 38

19. UNDERTAKER (ADDRESS): W. F. Kidwell Versailles

20. FILED 4-8- 1938 Will F. Berry, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan - 1 - 1915, to Mar. 31, 1938

I last saw her alive on Mar 31, 1938. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

	Date of onset
Arterio-Sclerosis	15 yrs standing
+	
nephritis	
131	
Other contributory causes of importance: Multiple Sclerosis	23 years ago

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? .....

If so, specify .....

(Signed) A. J. Gunn, M. D.

(Address) Versailles Mo.

848

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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