

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

*W. J. Anderson*

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.

REC'D APR 22 1938

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

Do not use this space.

1. PLACE OF DEATH  
 County *Death* Registration District No. *821* File No. *12244*  
 Township *Liberton* Primary Registration District No. *4553* Registered No. \_\_\_\_\_  
 City *Liberton* (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME *Annabelle Lee Magrison 336*  
 (a) Residence, No. *126 E. Grand Street* Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred *48* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OF RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*bring the word*) *Widow*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *William J. Magrison*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *August 14 1867*

7. AGE YEARS *70* MONTHS *7* DAYS *10* 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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Centralia Ill.*

MOTHER  
 13. NAME *William Timison*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky.*

FATHER  
 15. MAIDEN NAME *Mary Isabel Roberts*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

17. INFORMANT *Mrs. John Magrison* (ADDRESS) *Liberton Mo.*  
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Liberton Mo.* DATE *March 26, 38*  
 19. UNDERTAKER *Frank Law Funeral Service* (ADDRESS) *Charleston Mo.*

20. FILED *4-9-38* Registrar. *521*

MEDICAL CERTIFICATE OF DEATH *10 P.M.*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 24 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Mar 10 1938*, to *Mar 24 1938*  
 I last saw her alive on *Mar 24 1938* Death is said to have occurred on the date stated above, at *10 P.M.*  
 The principal cause of death and related causes of importance were as follows:  
*Left Lobar Pneumonia with hemorrhage from lungs* Date of onset *3-12-38*  
*105'* 3-22-38  
 Other contributory causes of importance:  
*Rheumatoid Arthritis 1925*  
*Utericosis 3-9-38*  
*Arteriosclerotic heart disease 1935*

Name of operation *none* Date of \_\_\_\_\_  
 What test confirmed diagnosis? *T* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following: *no*  
 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) *Merlin G. Anderson* M. D.  
 (Address) *106 Center St. Liberton, Mo.*

