

REGD MAR 16 1939

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

*M. J. Hill*

Do not use this space.

7448

1. PLACE OF DEATH  
 80 County Pettis Registration District No. 668  
 4 Township 1 Primary Registration District No. 3032  
 4 City Sedalia (No. 1604 So. Lamine) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Annie Howell James  
 (a) Residence, No. 1604 So. Lamine 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5, 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
76 3 14

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 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 \_\_\_\_\_

MOTHER FATHER  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 13. NAME J.W. Howell  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
 15. MAIDEN NAME Cynthia Owens  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Harry James  
 (ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Mem. Park DATE Feb. 21, 1939

19. UNDERTAKER Gillespie Funeral Home  
 (ADDRESS) Sedalia, Mo.

20. FILED 2-22-1939 Mrs. Harry Sneed  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1939, to Feb. 19, 1939  
 I last saw her alive on Feb. 14, 1939 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:  
Coronary occlusion  
94%  
 Other contributory causes of importance:  
arterio-sclerosis  
hypertension

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Culture Was there an autopsy? Yes

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) [Signature] M. D.  
 (Address) Sedalia, Mo.

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.

RECEIVED  
District Health Officer No. 8,  
District File Number 3/6/39  
Date Filed .....