

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

Do not use this space.

1939 MAR 23 1939

1. PLACE OF DEATH

County Wheate
Township Frank
City Deerson

Registration District No. 897
Primary Registration District No. 4543

File No. 8152
Registered No. 8

2. FULL NAME Eliza G. McAnally

(a) Residence, No. _____ 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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF William McAnally

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2nd 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 10 20

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. House wife

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) Greene Co Mo

13. NAME A. B. Alexander

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

15. MAIDEN NAME Melinda East

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

17. INFORMANT (ADDRESS) Mrs. Guy Day, Springfield, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Memoria Co. DATE Feb 22 1939

19. UNDERTAKER (ADDRESS) Kelly-Furrell, Deerson Mo.

20. FILED 7121 3982 McAnally Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-14-39, 19____, to 2-20-39, 19____.

I last saw her alive on 2-14-39, 19____. Death is said to have occurred on the date stated above, at 2:25 p.m.

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

Other contributory causes of importance:
Senility

Name of operation _____ 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?
If so, specify _____ (Signed) Paul C. Unshaw, M.D. M. D.
(Address) Springfield, Missouri

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. 6,

District File Number 6-39-465

Date Filed MAR 3 1939