REG'D MAY 19 1939

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

Do not use this space.

File No. 14943
Registered No. 23

1. PLACE OF DEATH
County: Harrison — Registration District No. 334
Township: — Primary Registration District No. 4197
City: Bethany (No. 635, St., Ward)

2. FULL NAME: Annie Emaline Pruden

(a) Residence, No. (Usual place of abode) St., Ward. (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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Frank M Pruden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR):

7. AGE: Years 79 | Months 11 | Days 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
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): Harrison Co Mo

FATHER
13. NAME: John W. Virden
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Delaware

MOTHER
15. MAIDEN NAME: Caroline W Black
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

17. INFORMANT (ADDRESS): Achsa Malley, Bethany Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Foster Cemetery DATE: 4-16, 1939

19. UNDERTAKER (ADDRESS): S. W. Hart, Bethany Mo.

20. FILED: 4-14, 1939 A. L. Wessling, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-13, 1939

I HEREBY CERTIFY, That I attended deceased from Feb 8, 1939, to Apr 13, 1939
I last saw her alive on Apr 13, 1939. Death is said to have occurred on the date stated above, at 6:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	?
Hypostatic pneumonia	4-7-39

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? None 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) A. L. Wessling, M. D.
(Address) Bethany Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very importa

RECEIVED
District Health Officer No. 11
District File Number 39-459
Date Filed MAY 8 1939

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

14943
Do not use this space.

1. PLACE OF DEATH
(a) County Harrison — Registration District No. 334
(b) Township — Primary Registration District No. 4197 — Registered No. 23
(c) City Bethany — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ann Emaline Pauden
(a) Residence, No. ..... St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F — 4. COLOR OR RACE W — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-6-1859.

7. AGE — YEARS 79 — MONTHS 11 — DAYS 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE ..... 19..

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 6-2- 1939 A. L. Wessling Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-13 1939

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..
I last saw h..... alive on ..... 19.. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

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. L. Wessling, M. D.
(Address) Bethany Mo

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

NOVENA MOORE