

DECD MAY 10 1939

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

15586  
Do not use this space.

## 1. PLACE OF DEATH

- (a) County Montgomery Registration District No. 968  
(b) Township Danville Primary Registration District No. 6186C Registered No. \_\_\_\_\_  
(c) Bluffton, Mo. RFD (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 Mrs. Annie Naughton.

- (a) Residence, No. Bluffton, Mo. RFD 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 8th-1862</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>7</u>
	DAYS <u>23</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as <u>sawyer, bookkeeper, etc</u> <u>Housewife</u>	
	9. Industry or business in which work was done, as <u>saw mill, bank, etc.</u>	
	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)	<u>Americus, Mo.</u>	
FATHER	13. NAME <u>Lilla Gifford,</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, Michigan.</u>	
MOTHER	15. MAIDEN NAME <u>Amanda Hunter,</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Americus, Montgomery Co, Mo.</u>	
17. INFORMANT (ADDRESS)	<u>Mrs Annie Naughton</u> <u>Bluffton, Mo. RFD</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Mt. Horeb.</u> DATE <u>April 2nd</u> 19 <u>39</u>	
19. FUNERAL DIRECTOR (NAME) (ADDRESS)	<u>Barton Baker,</u> <u>Americus, Mo.</u>	
20. FILED	<u>April 4th</u> 19 <u>39</u> <u>Mrs Cora Page</u> Local Registrar.	

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31st, 1939

22. HEREBY CERTIFY, That I attended deceased from July 24 1937, to March 31 1939  
I last saw her alive on March 31 1939. Death is said to have occurred on the date stated above, at 8 PM m.

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

Pulmonary Tuberculosis  
Plugging of the Esophagus  
Tubercular Pneumonia

Date of onset

3-25-398-25-398-25-39

Other contributory causes of importance:

Generalized AtherosclerosisName of operation none Date of \_\_\_\_\_What test confirmed diagnosis? sputen 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? No

If so, specify \_\_\_\_\_

(Signed) E. J. T. Andersen M. D.(Address) Montgomery City, Mo

**STATEMENT BY LICENSED EMBALMER**

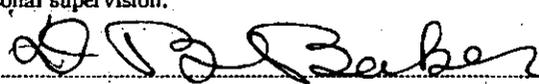
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_

D. B. Baker,

or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_



Licensed Embalmer No. 3375

P. O. Address Americus, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**