REG'D JUN 14 1939

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

Do not use this space.

17991

File No.
Registered No. 45

1. PLACE OF DEATH
County Boone
Township
City Centralia (No. ..... St. ..... Ward)
Registration District No. 72
Primary Registration District No. 4041

2. FULL NAME Anna Lee Donnan (DONNAN

(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6 1864

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
74	11	3	

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 .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calloway Co Mo. O

FATHER

13. NAME J. J. Hutts O
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calloway Co Mo. O

MOTHER

15. MAIDEN NAME Lavina Boone Shaw
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co Mo

17. INFORMANT (ADDRESS) Geo Threet Centralia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oberlin Mo DATE 5-11 1939

19. UNDERTAKER (ADDRESS) W. McDaniel Centralia, Mo

20. FILED 5/11 1939 F. H. Barden M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 1939

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1939, to May 8, 1939
I last saw her alive on May 8, 1939. Death is said to have occurred on the date stated above, at 6:45 p.m.
The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction (Terminal portion of Ileum) — Date of onset 4/30/39

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Other contributory causes of importance:
Intestinal Carcinoma with metastasis to liver & lungs

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy 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) F. J. Bestmann M.D.
(Address) Centralia, Mo.

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

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

MARGIN RESERVED FOR BINDING

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