

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.

1939 JUN 21 1939

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

Do not use this space.

19097

File No. 25-
Registered No. _____
Ward _____

1. PLACE OF DEATH

County Lincoln
Township Monroe
City _____ (No. _____, _____ St. _____ Ward _____)

Registration District No. H92
Primary Registration District No. 5652A

2. FULL NAME Ann Elizabeth Gravens

(a) Residence, No. Winfield, Missouri St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 OR~~ (OR) WIFE OF Robert Gravens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 3 29

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) Moscow Mills RFD 0
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Tom Jamison

14. BIRTHPLACE (CITY OR TOWN) Silex
(STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Ann Elizabeth Jamison

16. BIRTHPLACE (CITY OR TOWN) Moscow Mills
(STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Robert Gravens
Winfield, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Near Moscow Mills 6/5/39

19. UNDERTAKER (ADDRESS) O'Garlan C. Ricks (4012)
Winfield, Mo.

20. FILED 6/15 1939 Dr. J. H. ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from April, 1939, to June 3, 1939.
I last saw her alive on May 17, 1939. Death is said to have occurred on the date stated above, at 5:20 p.m.
The principal cause of death and related causes of importance were as follows:

Pernicious Anemia

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Laboratory 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) Wesley A. Schmitt, M. D.
(Address) St. Charles, Mo.

