

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

Do not use this space.

40466

1. PLACE OF DEATH

County Pennsacola Registration District No. 65-1
Township Little Pennsacola Primary Registration District No. 5-862
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. 117
St. _____ Ward _____

2. FULL NAME

612 Anna Ray Scribbs
(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? 4 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 0
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-17-39
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 0 0 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (month and year) 0 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsacola Fla

13. NAME Anna Ray Scribbs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsacola Fla

15. MAIDEN NAME Myrtle Taylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsacola Fla

17. INFORMANT (ADDRESS) William Hughes
Canthensville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Canthensville DATE 11 24 1939

19. UNDERTAKER (ADDRESS) H. S. Smith
Canthensville, Mo.

20. FILED Nov. 27 1939 Ada Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-24-39, 1939

22. I HEREBY CERTIFY, That I attended deceased from at Birth, 1939 to 11 17, 1939.

I last saw her alive on 11 17, 1939. Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:
at Birth Premia at Date of onset

Other contributory causes of importance: 0

Name of operation 0 Date of 0

What test confirmed diagnosis? 0 Was there an autopsy? 0

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide 0 Date of injury 0, 1939

Where did injury occur? 0 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased?

If so, specify adboresced

(Signed) Curthensville Mo M. D.
585 (Address)

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. 3,

District File Number 1239-713

Date Filed 12/9/39