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.

JUN 15 1940

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

Do not use this space.

21822

File No.
Registered No. 8

1. PLACE OF DEATH
County Harrison
Township Clay
City (No. , St. Ward)

2 0

Registration District No. 335
Primary Registration District No. 5470

2. FULL NAME 250 Anna Mariah Axsom

(a) Residence, No. Harrison Co-Mo 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1, 1848

7. AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 92 | No | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Jackson County Indiana

FATHER

13. NAME John Dobson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER

15. MAIDEN NAME Lucy Richardson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Willie Axsom
(ADDRESS) Cainsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hughes Cemetery DATE June 5, 1940

19. UNDERTAKER Eddie Stoddard
(ADDRESS) Cainsville, Missouri.

20. FILED June 5 1940 Mrs Mae E. Bowles Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1940, to , 19
Last saw h. E.R. alive on June 2, 1940. Death is said to have occurred on the date stated above, at 8:00A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | |
| 10 8 | |

Other contributory causes of importance:

| | |
|---|---|
| Myocarditis | |

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) D. W. Smith D.O., M. D.
9/5 (Address) Cainsville, Missouri.

RECEIVED
District Health Officer No. 11
District File Number 740-1135
Date Filed JUL 8 1940