

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

Do not use this space.

SEP 23 1936

30699

1. PLACE OF DEATH

County Lewis Registration District No. 355
Township Walker Primary Registration District No. 5498
City Montrose (No. _____) St. _____ Ward _____

File No. _____
Registered No. 3

2. FULL NAME Annice Missouri Harrison

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2, 1858
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
77 10 16

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18, 1936
22. I HEREBY CERTIFY, That I attended deceased from March 14, 1936 to Aug 18, 1936
I last saw her alive on August 16, 1936 Death is said to have occurred on the date stated above, at 7:25 p. m.
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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 _____

Uremia due to chronic interstitial nephritis March, 1935
131
Other contributory causes of importance: Chronic colitis and nutritional anemia 1935

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Graysan Co. Mo.
13. NAME J. John Rutledge
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Graysan Co. Mo.
15. MAIDEN NAME Maie Wagner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Graysan Co. Mo.

Name of operation None Date of _____
What test confirmed diagnosis? Chronic Was there an autopsy? No

17. INFORMANT (ADDRESS) J. G. Harrison
Montrose Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Stones Chapel DATE 8-20, 1936

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. _____

19. UNDERTAKER (ADDRESS) Frank Lemarty
Montrose Mo.
20. FILED Aug 20, 1936 W. E. Bupp Registrar.

Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) S. B. Hughes, M. D.
(Address) Clinton, Mo.

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.

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