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

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

21 1930

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

Do not use this space.

41734

1. PLACE OF DEATH
County: Polk
Township: Madison
City: (No. ..... St. ..... Ward)
Registration District No.: 702
Primary Registration District No.: ~~4423~~ 5931
File No.:
Registered No.:

2. FULL NAME: Anna E Underwood
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widdowed
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm Underwood
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 27, 1858
7. AGE: Years 71, Months 9, Days 8; If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer: ✓
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind
PARENTS
10. NAME OF FATHER: Andrew Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Scotland
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dublin Ireland
14. INFORMANT: J F Owen (Address) Fair Play Mo
15. FILED: Dec 6, 1929 Chas H Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 5 1929
17. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1929, to Dec 5, 1929, that I last saw her alive on Dec 5, 1929, and that death occurred, on the date stated above, at 5:15 P.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Cardiac Dilatation
Acute
(duration) ..... yrs. ..... mos. 1 hr. ..... ds.
CONTRIBUTORY (SECONDARY): Acute indigestion
(duration) ..... yrs. ..... mos. 1 ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? No DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Chas H Brown, M. D.
Dec 6, 1929 (Address) Fair Play Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Indianola, Iowa
DATE OF BURIAL: 19
20. UNDERTAKER: A B Wright
ADDRESS: Fair Play Mo