Webster

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

X Do not use this space.

11549

1. PLACE OF DEATH

County: Jasper — Registration District No.: 408 — File No.:

Township: Marion — Primary Registration District No.: 3020 — Registered No.:

City: Carthage (No. ..... St. ..... Ward)

49 5 7

2. FULL NAME: Anna Elizabeth Wakefield

(a) Residence, No.: 1020 Garrison St., ... Ward. (If nonresident, give city or town and State)
(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.

MAY 25 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Peter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feby 27 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	73	1	13	

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.: None

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): Park County Indiana

FATHER

13. NAME: Joseph Wolf

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: White

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Miss Nellie Wakefield, Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Park Cemetery DATE: April 11, 1931

19. UNDERTAKER (ADDRESS): Kreec Mortuary, Carthage, Mo.

20. FILED: Apr 10 1931 E. H. Ketchum, Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1931, to Apr. 10, 1931

I last saw him alive on Apr. 9, 1931. Death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Block	Mch 24 '31
Influenza, Jan. 3, 1931	
11B	
95A	

Other contributory causes of importance: 11B

Name of operation: ..... Date of: .....

What test confirmed diagnosis? Physical 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? .....

If so, specify: .....

(Signed) S. N. Webster, M. D.

(Address) Carthage, Mo.

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.

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