

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

Do not use this space.

33748

1. PLACE OF DEATH Caldwell
 County Caldwell Registration District No. 94
 Township Breckinridge Primary Registration District No. 4056
 City Breckinridge (No. _____) St. _____ Ward _____

2. FULL NAME Anna Leona Evertt
 (a) Residence, No. _____ St. _____ Ward Topeka Kansas
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 1 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) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arthur Evertt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31 1894

7. AGE YEARS 57 MONTHS 4 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

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

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) De Graff Ohio

13. NAME John Edwards

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

15. MAIDEN NAME Manda Leachman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bethlehem Pa

17. INFORMANT Mrs J A Groves
 (ADDRESS) Breckinridge Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kingston Mo DATE Oct 23 1931

19. UNDERTAKER J McBeck
 (ADDRESS) Breckinridge Mo.

20. FILED Oct. 23 1931 E. A. Thompson, D.D.
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 20th 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 16th 1931 to Oct 20th 1931
 I last saw her alive on Oct. 20th 1931. Death is said to have occurred on the date stated above, at 5:30 PM.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage.
 Date of onset _____
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Symptoms 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? NO
 If so, specify _____
 (Signed) A R Wilsey M. D.
 (Address) Breckinridge Mo

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 state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 23 1931

