

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

Do not use this space.

19266

1. PLACE OF DEATH

County Vernon
Township Center
City Mevada (No. _____)

Registration District No. 875
Primary Registration District No. 3039

File No. 96
Registered No. _____
St. _____ Ward _____

2. FULL NAME Anna Belle Hayes Parry

(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>T. B. Parry</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 12 1863</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>1</u>
	DAYS <u>13</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Spirit City Missouri</u>		
MOTHER	13. NAME <u>Lafayette S. Hayes</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pa.</u>	
	15. MAIDEN NAME <u>Mariah Stewart</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>	
17. INFORMANT <u>Olio Kasper</u> (ADDRESS) <u>St. Louis, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brightly</u> DATE <u>May 28 1934</u>		
19. UNDERTAKER <u>Edward Hayes</u> (ADDRESS) <u>Mevada, Mo.</u>		
20. FILED <u>May 28 1934</u> <u>W. M. Gunn</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25 1934

22. I HEREBY CERTIFY, That I attended deceased from May 17 1934 to May 25 1934
I last saw her alive on May 25 1934 Death is said to have occurred on the date stated above, at 4 P. m.

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

107A
Proncho Pneumonia
162
Advanced Age.
Date of onset about May 20 1934

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? Phys. Exam 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) W. M. Gunn M. D.
(Address) Mevada, 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.

