

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.

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

11992

Do not use this space.

REC'D APR 7 1939

1. PLACE OF DEATH

(a) County Randolph Registration District No. 732

(b) Township Monteair Primary Registration District No. 4437

(c) City Higbee (d) Street No. _____ St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna T. Tolbert

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13 1850

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

88 9 26

OCCUPATION

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

9. Industry or business in which work was done, as 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) Howard County Mo

FATHER

13. NAME John J. Daugherty

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

MOTHER

15. MAIDEN NAME Anna Newman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Roy Hill

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope DATE March 13 1939

19. FUNERAL DIRECTOR (ADDRESS) C. F. Feland
Higbee Mo

20. FILED 3/13 1939 J. Allison Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 11 1939

22. I HEREBY CERTIFY, That I attended deceased from March 6 1939 to March 11 1939

I last saw her alive on March 11 1939. Death is said to have occurred on the date stated above, at 5-43 P.m.

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

Gastritis
Myocarditis

Date of onset 3/6

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis? clinical 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) J. H. Johnson M. D.
Higbee Mo (Address)

RECEIVED

District Health Officer No. 10

District File Number 10-39-486

Date Filed MAR 28 1938

STATEMENT BY LICENSED EMBALMER

I, C. L. Stehman, Licensed Embalmer No. 1399

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. 1399 or by....., Registered Apprentice No.....

working under my personal supervision.

Signed C. L. Stehman

Licensed Embalmer No. 1399

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)