

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

Do not use this space.

25081

FILED AUG 11 1943

1. PLACE OF DEATH
 County Howard Registration District No. 382
 Township Chariton Primary Registration District No. 4228
 City Glasgow (No. _____) St. _____ Ward _____

2. FULL NAME ANNIE OVERSTREET
 (a) Residence, No. 1 G. H. S. GOW Mo. Ward.
 (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.

File No. _____
 Registered No. 19
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF L. E. OVERSTREET

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 24, 1852

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>90</u>	<u>7</u>	<u>27</u>	

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. HOME

10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation 65 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BOONSBORO MO.

MOTHER FATHER
 13. NAME JAMES CALLAWAY
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HOWARD COUNTY MO.
 15. MAIDEN NAME ANNIE SIMMS
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HOWARD COUNTY MO.

17. INFORMANT (ADDRESS) Mrs. Yeldie Overstreet Glasgow Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE BOONSBORO MO. DATE 7/31 1943

19. UNDERTAKER A. U. S. MEYER - FRIEMOUTH (ADDRESS) G. H. S. GOW Mo.

20. FILED 7/22 1943 R. L. ORR Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 21, 1943

22. I HEREBY CERTIFY, That I attended deceased from 1-1, 1941, to 7-21, 1943
 I last saw her alive on 7-20, 1943. Death is said to have occurred on the date stated above, at 4 A. M.
 The principal cause of death and related causes of importance were as follows:
Bronch Pneumonia
 Date of onset _____

Other contributory causes of importance:
107

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? _____

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. B. Ketchum, M. D.
 (Address) Glasgow, Mo.
7/22/43

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

8-10-78

Embalm'd by J. Walker Audeley
Glasgow Mo.

Missouri Licence # 3336

J. Walker Audeley