JAN 19 1938

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

Do not use this space.

1. PLACE OF DEATH
County: Knox
Township: Colony
City: (No. , St. Ward)

Registration District No. 1056
Primary Registration District No. 5597

File No. 45780
Registered No. 5

2. FULL NAME: Anna Carder

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF: John Carder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 16 1854

7. AGE: Years 83 | Months 1 | Days 13 | If LESS than 1 day, hrs. or min.

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.:
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): Mercer Co Ill

FATHER
13. NAME: Willis Frank
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mercer Co Ill

MOTHER
15. MAIDEN NAME: Mahala Parcell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Ruth Fowler, Kittredge Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Harmony Grove DATE: Dec 31, 1937

19. UNDERTAKER (ADDRESS): Bailey Undertaking Co., Kittredge Mo.

20. FILED: Jan. 5, 1938 Ella Shaughnessey, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1935, to Dec 29, 1937
I last saw him alive on Dec 29, 1937. Death is said to have occurred on the date stated above, at 7-30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart lesion due to arteriosclerosis	

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? 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?
If so, specify
(Signed) Earl McReynolds, M. D.
(Address) Kirk City 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.